DOCUMENT RESUME

ED 166 919 EC 113 814

AUTHOR	Martin, Mary Porter; Klaus, Susan L.
TITLE	1978 Annual Review of Child Abuse and Neglect Research.
INSTITUTION	Herner and Co., Washington, D.C.
SPONS AGENCY	National Center on Child Abuse and Neglect (DHEW/OHD), Washington, D.C.
REPORT NO	DHEW-OHDS-79-30168
PUB DATE	Sep 78
CONTRACT	105-76-1136
NOTE	99p.; Not available in hard copy due to small print
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Annotated Bibliographies; *Child Abuse; *Definitions; Ecological Factors; Environmental Influences; *Incidence; *Intervention; *Neglected Children; *Prevention; Research Reviews (Publications); *Social Influences

ABSTRACT

The review of research on child abuse and neglect presents brief abstracts of studies collected by the Clearinghouse of the National Center on Child Abuse and Neglect. Material is organized into five subject areas (sample subtopics in parentheses): definition of abuse and neglect; incidence (national and selected geographic estimates); psychosocial ecology (individual capacities, situational factors, and social institutional factors); prevention and treatment (primary and secondary prevention); and effects/sequelae. The annotated lists within each heading include authors name, methodology statement, and a brief review of findings. A 30-page bibliography concludes the document. (CL)

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1978 ANNUAL REVIEW OF CHILD ABUSE AND NEGLECT RESEARCH

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Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
DHEW Publication No. (OHDS) 79-30168

This publication was prepared by Mary Porter Martin and Susan L. Klaus, Social Research Group, George Washington University for Herner and Company under Contract Number HEW-105-76-1136, for the National Center on Child Abuse and Neglect, U.S. Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health, Education, and Welfare. It is disseminated in the interest of information exchange. No office of the U.S. Government assumes any liability for its content or the use thereof.

PREFACE

Since the early 1960s the concerted efforts of researchers, clinicians, and practitioners from a variety of professional disciplines have served to bring to the consciousness and the conscience of our society a problem of tragic proportions--the abuse and neglect of our nation's children. With the passage of the Child Abuse Prevention and Treatment Act of 1974, the Federal government, through the National Center on Child Abuse and Neglect (NCCAN), has worked to heighten this public awareness and to support efforts directed toward the identification, prevention, and treatment of child abuse and neglect.

As part of its mandate, the National Center is directed to compile and publish a summary of recently conducted research in the field of child abuse and neglect. This *1978 Annual Review of Child Abuse and Neglect Research* presents a broad overview of the status of research using as its data base the abstracts of completed and ongoing research studies contained in the computerized data base of the NCCAN Information Clearinghouse. This Clearinghouse was established by the National Center to collect, process, and disseminate information on child abuse and neglect.

Such an overview, using the abstracts as the sole data source, has the advantage of including a large body of material in a format where different methodologies are easily apparent and where pertinent topics are clearly distinguished. It also helps identify gaps or overlaps in research. We hope it will be a useful resource document for anyone wishing to select a particular area of research for further examination. Unfortunately, information demanded by the abstract format does not permit an in-depth analysis of the material.

This report was written by Mary Porter Martin and Susan L. Klaus with assistance from Ruthann Bates. Dr. Maure Hurt, Jr., directed the work for the Social Research Group, The George Washington University; Dr. Douglas E. Berninger directed the work on behalf of Herner and Company. The assistance of Joseph Wechsler, Government Project Officer and Chief of the NCCAN Clearinghouse, is gratefully acknowledged.

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I. INTRODUCTION

Information Clearinghouse

The NCCAN Information Clearinghouse systematically scans the world's literature in order to identify results of research on child abuse and neglect. These research findings appear in journal articles, books, technical reports, dissertations, etc., which the Clearinghouse collects and processes for entry into the Center's computerized data base. The Clearinghouse also conducts semiannual surveys to identify ongoing research projects in the field and to collect information about these for its data base. The present report is one of several methods used by the Clearinghouse to disseminate information. The abstracts and descriptions of projects that are used in this report were also published by the National Center in three editions of *Child Abuse and Neglect Research: Projects and Publications.*[1]

Procedures for Selection of Research Studies for Inclusion in the Review

All abstracts included in the NCCAN Clearinghouse data base as of November 1977 were reviewed to select for further examination those which met the criteria for a research study. For the purposes of this review, research is defined as:

> a systematic examination, investigation, or inquiry which proceeds under a well-defined procedure or methodology, uses a known system of measurement, and documents findings based on empirical data.

A second review of those abstracts which were designated research studies was then carried out to categorize the material into five substantive areas: definition, incidence, psychosocial ecology, prevention and treatment, and sequelae. This organizational framework is based on the *1977 Annual Analysis of Child Abuse and Neglect Research*.[2] With the exception of the section on psychosocial ecology, any modifications reflect the availability of material in the abstracts. The section on psychosocial ecology has been refined and enlarged as the result of a symposium on this subject.[3]

After the initial review and sorting was done, it became clear that the definition of research used here excluded legal research, since legal research does not follow the procedures of social science research but has its own methods, mainly case description. A review of legal abstracts was done; those abstracts that dealt with one or more of the five substantive areas and that were not state-specific, but applicable to child abuse and neglect proceedings nationally, were selected and included in the review.

The same procedure was used in reviewing ongoing research studies in the NCCAN Clearinghouse data base and selecting studies for inclusion in this review. Those research studies which were underway as of January 1978 are included. While some of these studies may now be complete, no formally published documentation of research results had been included in the Clearinghouse data base as of November 1977. Information concerning ongoing research projects reported here was obtained from responses to a NCCAN survey questionnaire, and in large measure focuses on research purposes and methodology rather than findings, since many of the studies were in the data collection phase when the questionnaire was completed.

The sole source of data for review of completed and ongoing research studies is the abstracts of the NCCAN Clearinghouse. All studies are cited according to the "CD" or "CR" identification number assigned each study when it is entered into the NCCAN computerized data base. Full citations are given in the bibliography beginning on page 64.

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[1] National Center on Child Abuse and Neglect. *Child Abuse and Neglect Research: Projects and Publications.* Springfield, Va.: National Technical Information Service, March 1978 (PB-277 825), November 1976 (PB-260 800), May 1976 (PB-251 010).

[2] Martin, M.P. *1977 Analysis of Child Abuse and Neglect Research*. Washington, D.C.: National Center for Child Abuse and Neglect, January 1978.

[3] Klaus, S.L. *The Psychosocial Ecology of Child Abuse and Neglect*. (In press, September 1978).

II. DEFINITION

One of the central issues in the field of child abuse and neglect is that of defining the problem. The ambiguities that surround the definition of this particular social problem touch every aspect of the field. For example, the way in which one defines abuse and neglect affects what is reported and how many reports are made, which in turn affects the effort to assess an incidence rate. Using a broad definition, abuse and neglect include all acts that interfere with the optimal development of children. This definition leaves open the issue of what is the optimal development of a child and what acts interfere with this development. At the other extreme, abuse and neglect include only those acts that result in observable injuries, a definition that excludes an uncomfortably large number of children who do not exhibit observable injuries, yet are abused and neglected. Prevention and treatment programs are also influenced by the inclusion or exclusion of certain behaviors within the definition of abuse and neglect. Finally, in many cases comparability across research findings is not possible because of the use of different definitions in studies.

The following discussion will review the available research on the definition of child abuse and neglect. In addition, this section will discuss some of the legal issues and opinions related to the problem of defining abuse and neglect. Full citations for all references can be found in the bibliography beginning on page 64.

Summary of Research Studies Related to the Definition of Child Abuse and Neglect

Only one completed research study deals with the issue of defining child abuse and neglect. Boehm (CD-00103, CD-01415) surveyed 1400 members of representative community leadership groups by questionnaire in order to assess the extent of consensus for protective intervention in various types of abusive and neglectful situations. There was strong consensus for protective action in situations involving physical hazard to the child, but a large majority opposed protective action in cases of emotional neglect. No significant relationship was found between occupation and the perceived need for protective intervention, thus indicating that social work respondents were substantially in agreement with the attitudes expressed by other community groups and did not assign greater latitude or responsibility to the protective agency than did the members of other occupations.

In an ongoing study, Gelles (CD-00060) is examining the labeling and classification processes employed by individuals dealing with suspected cases of child abuse in an attempt to determine a common definition of abuse. The opinions of physicians, social workers, and elementary school counselors were ascertained through questionnaires and in-depth interviews.

Summary of Legal Issues and Opinions Related to the Definition of Child Abuse and Neglect

Twenty-five studies report on legal issues that are involved in the development of a legal definition of child abuse and neglect. An appropriate legal definition of child abuse and neglect is necessary to avoid confusion in reporting and to allow for effective but appropriately limited intervention.

The majority of these studies deal with the problem of competing interests of the child, family, and state in those instances in which legal action is taken by the state. A second group deals with the specifics of court procedures, while a third analyzes the effect of a broad versus a narrow statutory definition of child abuse and neglect.

Competing interests of child, family, and state. Legal opinions continue to reflect differences on how best to resolve competing interests of the child, family, and state in cases of child abuse and neglect. Courts have traditionally held that the natural or biological parents have an inherent and superior right to the custody and control of their child (CD-00075); at the same time they have recognized that *parens patriae* may be exercised with the understanding that the state is the ultimate keeper of the child's welfare (CD-01698). Current law emphasizes family privacy and presumed parental fitness although the rights of parents are not absolute (CD-01473). Traditionally children have the right to be cared for by their parents, or, in the absence of such care, the state would benevolently provide for them (CD-01006).

At present, the *prima facie* assumption that either the parents or the state necessarily represents the interests of the child is questioned

(CD-01006). A Bill of Rights for Children has been proposed which declares that children are people and that they are entitled to assert individual interests in their own right, to have a fair consideration given to their claims, and to have their best interests judged in terms of pragmatic consequences (CD-0117?). On balance, the protection of individual rights has not been applied as evenly to children as to parents (CD-01698).

An important legal decision pertaining to the issue of children's rights versus parents' rights was made in the case of *Wyman v. James*, when the Supreme Court ruled on the legality of the state's right to visit welfare mothers, as a security for the rights of children involved. For the first time, an issue of contradiction between the child's rights and the mother's rights was presented (CD-00155, CD-00266, CD-00267).

Court procedures. Discussions of court procedures focus on the need for procedural safeguards for parents and children in the legal process. The issues include need for due process protection, the child's right to counsel, the parent's right to counsel if indigent, confrontation and cross-examination of witnesses, criminal liability of parents of delinquent children, and various evidentiary problems (CD-00112, CD-00218, CD-00548, CD-00808, CD-00826, CD-01030, CD-01162, CD-01231).

Statutory definition of abuse and neglect. Many states have enacted legislation which defines abuse and neglect broadly and permits extensive judicial intervention. Experience has shown that many of these statutes have fallen short of a good operational definition. The major flaw in most statutes is a vagueness that permits intervention in the parent-child relationship on the basis of subjective norms rather than on specified, objective standards delineated by the legislature (CD-01831).

It is felt by some that a limited definition of child abuse and neglect encourages the use of protective services and other nonjudicial approaches to the problem (CD-01473). There has been support from various involved professional groups for the proposition that parents charged with neglect and abuse are entitled to remedial and supportive services designed to ameliorate the conditions constituting neglect and abuse rather than the quasi-punitive response of removing the child (CD-01006). The challenge remains to develop a definition that allows for intervention in those instances where children need protection, particularly when parents refuse assistance, but that protects individuals from arbitrary or inappropriate intervention by the state.

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III. INCIDENCE

Attempts to measure the rate at which new cases of abuse and neglect occur in the United States during a specified time period (incidence), or the number of cases of abuse and neglect in existence at a particular point in time (prevalence), have been unsuccessful for a number of reasons. The sources of information have been biased in ways only partially understood and the resultant figures are not yet statistically controllable; definitional differences across states and even within studies have made statistical projections to larger populations inaccurate; increased public and professional awareness of the problem, along with increased enforcement of reporting mandates, have made trend analysis unreliable; and the very private nature of the actions under study and their similarity to accidental injury or to conditions found in an impoverished environment have made detection very difficult.

This section will review those research studies that report on the incidence of child abuse and neglect, or that report the results of efforts to ascertain the sources of discrepancies in estimates of abuse and neglect. To date, most studies have measured incidence rates, though prevalence may well be the better measure of neglect (Polansky et al., 1975).[4] For this reason, only incidence rates are under consideration here. Full citations for all references can be found in the bibliography beginning on page 64.

Estimates of the National Incidence of Abuse

Various methods have been used to assess the national incidence rate of abuse. For example, DeFrancis (CD-01511) studied cases reported in newspapers in 1962; Gil (CD-01187) conducted a national survey as well as a survey of every incident reported through legal channels; Nagi (CD-00704) surveyed agencies related to abuse and neglect for his estimate figures. A comparison of national estimates of the extent of abuse, 1962-1975, shown in Table 1, reveals that these estimates vary as widely in actual numbers as they do in methodology.

Estimates of the National Incidence of Neglect

Perhaps the one statement on neglect for which there is universal agreement is that it occurs with more frequency than abuse. Although a variety of ratios is presented in the literature, a 4:1 or 5:1 ratio of neglect to abuse seems likely.

The actual numbers of neglected children are even more difficult to derive than those of abused children, because so few reporting systems separate abuse from neglect. The category of abuse, which includes neglect, is generally recorded.

Table 2, which follows, presents a comparison of national estimates of the extent of neglect, 1962-1975.

There are two other potential sources of information on the extent of neglect in the United States: juvenile court statistics (CD-01309, CD-01848, CD-01849) and statistics on neglected children living in institutions that receive federal funds (CD-01946). Data in these studies are not national estimates, since they refer only to those neglected children who come into the court system or who are institutionalized. Further, the juvenile court figures include dependency as well as neglect cases; however, they do provide some information on the relative increase in reported neglect cases.

Estimates of Abuse and Neglect in Selected Geographical Areas

There have been numerous studies of the extent of abuse, or abuse or neglect in specific geographical areas. These cover compilations of data on the incidence of the problem in states, regions, counties, cities, and foreign nations.

The literature includes many studies on the extent of abuse and neglect in states, including Alaska (CD-01089, CD-01114, CD-01433), Arizona (CD-01452), California (CD-01447),

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[4] Polansky, N.A., Hally, C., and Polansky, N.F. *Profile of Neglect. A Survey of the State of Knowledge of Child Neglect.* Washington, D.C.: Community Services Administration, Social and Rehabilitation Services, DHEW, 1975.

TABLE 1

COMPARISON OF NATIONAL ESTIMATES OF THE EXTENT OF ABUSE, 1962-1975

Measurement Criteria	Estimate of Incidence	Origin of Data	Reference
Abuse, not further specified	662	Newspaper accounts, 1962 data	DeFrancis (1963) (CD-01511)
Abuse, not further specified	302	71 hospitals, 1962 data	Kempe et al. (1962) (Reported in CD-00560)
Abuse, not further specified	447	77 district attorneys, 1962 data	Kempe et al. (1962) (Reported in CD-00560)
Abuse that resulted in some degree of injury	2,500,000-4,070,000	National survey, 1965 data	Gil (1970) (Reported in CD-01187)
Abuse that resulted in some degree of injury	200,000-500,000	Reanalysis of Gil's 1965 data	Light (1973) (CD-00613)
Serious injury by nonaccidental means	10,000-15,000	1966 data, no source given	Helfer and Pollack (1968) (CD-00463)
Abuse that resulted in some degree of injury	6,617	Central registries, nationwide, 1968 data	Gil (1970) (Reported in CD-01187)
Reported abuse	60,000	Additive estimate, based on cases reported in Denver and New York City, 1972 data	Kempe and Helfer (1972) (CD-00559)
Reported abuse	41,104	Official reporting systems from 10 largest states, 1973 data	Cohen and Sussman (1975) (CD-01136)
Reported abuse	167,000	Agency survey, 1972-1973 data	Nagi (1975) (CD-00704)
Abuse, not reported	91,000 258,000 (total)	Difference between projections from rate of reports in Florida and rate from agency survey, 1972-1973 data	Nagi (1975) (CD-00704)
Parent-to-child violence	1,400,000-1,900,000	Household survey, 1975 data	Gelles (1977)*

*Not available from the NCCAN Clearinghouse when this table was prepared.

TABLE 2

COMPARISON OF NATIONAL ESTIMATES OF THE EXTENT OF NEGLECT, 1962-1975

Measurement Criteria	Estimate of Incidence	Origin of Data	Reference
Reported neglect	432,000	Agency survey, 1972-1973 data	Nagi (1975) (CD-00704)
Neglect, not reported	234,000 666,000 (total)	Difference between projections from rate of reports in Florida and rate from agency survey, 1972-1973 data	Nagi (1975) (CD-00704)
Neglect and other maltreatment incidents excluding abuse	465,000	Reanalysis of Gil's 1965 data	Light (1973) (CD-00613)

Hawaii (CD-00446, CD-00447, CD-00448), Illinois (CD-00506, CD-01274), Iowa (CD-01670), Kansas (CD-01608), Kentucky (CD-00563), Massachusetts (CD-00726), New York (CD-01261, CD-01612), North Carolina (CD-01263), Pennsylvania (CD-01281), Texas (CD-01583), and Wisconsin (CD-01293). These reports usually include information on the rate of increase or decrease in the reported cases, some descriptive information on the child abusing population, or some information on how cases were managed. These studies are, however, dissimilar in a number of ways. For example, their scope varies; the statistics for Iowa include only child abuse cases while those for Kansas include both abuse and neglect cases. The methods of measuring incidence also are not uniform; Alaska estimated its statistics in units of physically abused children per 100,000 children under the age of 16, while Pennsylvania merely counted all the cases reported to the state. Sources of information are different; a New York study (CD-01612) relied on reports from the state's child abuse register, but the Massachusetts study used agency reports, a survey of physicians and hospitals, and projections based on nonreplying physicians. The years covered by these studies also varied, ranging from a one-year estimate for 1970 in Massachusetts and for 1975 in Iowa, to a multi-year study, 1972 to 1975, in Kansas.

Three studies examined child abuse reporting practices in more than one state. A comprehensive study of suspected child abuse cases reported in the southeastern states over a five-year period (CD-00526) was conducted to (1) determine major demographic characteristics of abused children, families, and perpetrators; (2) analyze these characteristics in terms of case dispositions; (3) determine the extent of reporting and utility of state legislation and programs; and (4) find relevant associations between selected variables. Another studied state legislation and programs in the Southeast (CD-01219). A third study focused on the effectiveness of reporting laws, rate of reports, and persons involved in reporting systems for child abuse cases in New York, California, Colorado, and West Virginia (CD-01480).

A few documents have published results of studies of the extent of abuse and neglect in particular cities and counties. In Denver (CD-01153), the Department of Welfare analyzed 1972 data on 143 battered children served by the Child Protection Program and compared these to 1971 figures; this study also estimated that 2,400 to 2,600 children come to the attention of the program each year. An epidemiologic study of sexual abuse in children was performed by reviewing Minneapolis Police Department case records from 1964 to 1971 (CD-01674); about 300 cases were seen each year, and 85% of these involved indecent exposure or indecent liberties. A five-year review of data on Hennepin and Ramsey Counties, Minnesota, stated that 1,285 cases of physical and sexual abuse were reported since 1971, 396 of which were reported in 1975 alone (CD-01926). A study in Douglas County, Nebraska, found that 2,570 cases of child abuse and neglect had been reported to the county's child protective service agency between August 1967 and December 1973, with 634 of these reported in 1973 (CD-00049). Like the studies done on the incidence of abuse and neglect in various states, these county and city analyses also differ as to measurement criteria, methods of measuring incidence, sources of statistics, and time spans covered.

There are five studies of the extent of abuse, or of abuse and neglect in foreign countries, and one of child abuse and neglect in U.S. Army families stationed in Europe (CD-01335). Comparisons of the rate of abuse and neglect in Army families with the reported rate in Denver and New York revealed a significantly higher rate in the Army population.

Three of the foreign studies concern child abuse and neglect in England. One examined the cases of 24 infants admitted to a British hospital during a three-year period and projected that one child in 1,000 would be hospitalized due to battering in infancy (CD-00831). Another study analyzed the cases referred to England's National Society for the Prevention of Cruelty to Children; this study found that three times as many cases were referred in 1970 than in 1968 (CD-01123). The third study estimated that there may be about 11,000 cases of nonaccidental injuries to children in England every year by extrapolating from the 1970 and 1971 statistics of the Emergency Department of Preston Royal Infirmary (CD-00167); this study also estimated that 500 to 600 children of this annual total will die.

Two studies are concerned with Canadian statistics on child abuse and neglect. One examined cases involving battered and emotionally deprived children in Nova Scotia (CD-01144), but was based on records of only 59 cases in the five years between 1966 and 1970. The other Canadian study analyzed murder statistics between 1964 and 1968, finding that the victims were under 16 years of age in 11% of the cases (CD-00853).

Ongoing Research Studies Examining Incidence

The following table summarizes information on four ongoing research studies investigating various aspects of the problems related to determining the incidence of abuse and neglect. Two of these studies are concerned with means of identifying abuse and two attempt to measure incidence in specific populations.

TABLE 3

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: INCIDENCE

Reference	Research Purpose	Methodology
Ford, R.J.; Smistek, B.S. (CR-00053)	Establish a general policy as guideline for photographing victims of child abuse. Educate hospital personnel in following guideline.	Survey of biophotographers in 64 children's hospitals. Legal interpretations being studied. Recontact of biophotographers 2 years later.
Lourie, I.S. (CR-00104)	Investigate incidence, typology, and community management of adolescent abuse and neglect.	Various techniques from care supervision to collection of aggregate data and provision for innovative service components. Sample: 250 children.
Tufts, E. (CR-00149)	Review femur fractures in infants and their relationship to mechanisms of injury.	40 children who suffered femur fractures to be reviewed. Explanations given by parents compared with type of fracture.
Weston, J.T. (CR-00155)	Descriptive analysis of data from child abuse deaths in one state and on Indian reservations.	Retrospective survey. Data collected from on-site investigations, postmortem exams and autopsies, and ancillary exams.

Sources of Discrepancies in Estimates of Abuse and Neglect

The wide discrepancy in estimates of abuse and neglect may be attributed to a number of reasons, most of which stem from the types of data sources used for estimating incidence rates: (1) mandated reports, either to a central register or child protective agency, and (2) household surveys. Each has certain inherent characteristics which account in part for the problems encountered in assessing the true extent of abuse and neglect.

One of the most obvious reasons for the wide discrepancy in estimates is that incidence data collected through mandatory reporting are inaccurate. In general, it is thought that rates based on a reporting system underestimate the true number of cases of abuse and neglect while at the same time failing to distinguish abuse from neglect and substantiated from unsubstantiated cases. Furthermore, it is known that such a system of data collection is affected by (1) accuracy of detection, (2) public and professional awareness, (3) degree of enforcement, (4) certain reporting biases, (5) lack of comparability in statutes, and (6) availability of resources.

Accuracy of detection. Certain children simply are not brought to the attention of authorities, either because they do not receive any medical attention, because their parents use a different hospital each time, or because they are not diagnosed as abused when they are seen by a doctor or hospital personnel. Four research studies examine some aspect of the problem of diagnosing child abuse or neglect. A study of 45 randomly selected children seen in the casualty departments of two London hospitals found that in none of the nine cases subsequently diagnosed as abused or neglected had this diagnosis been seriously considered (CD-01851). A follow-up study of 33 children hospitalized with bone fractures reported that, at the time of the injury, 10 families (five involving abuse, two not involving abuse, and three questionable) had not been questioned regarding the possibility of child abuse, and two nonabusive families had erroneously been accused of abuse (CD-00291). Indicators of suspicion that the injury was intentional include unreliable or inconsistent history (CD-01453), delay in reporting by parents with inadequate explanations, and failure to appear for follow-up examinations (CD-00515).

Public and professional awareness. The number of child abuse cases reported each year is clearly affected by the extent of public and professional awareness and how well this awareness is translated into actual reporting.

Several research studies examine the relationships of professional awareness to the reported rate of abuse and neglect. One examined immunity for reporters as an effective stimulus for reporting and for gaining full cooperation by child abuse reporters (CD-00337).

Other studies focus on the physicians' knowledge of and attitudes toward child abuse and neglect and their role in reporting it. One study of over 1,200 cases reported by hospitals found that private physicians had reported only 11, and attributed this to inadequate education in medical school and insufficient in-service training (CD-00537). Similar deficiencies in education or training were reported in other studies (CD-00458, CD-00925, CD-02052), and wide variations in familiarity with abuse and neglect also have been reported (CD-01459, CD-00922).

Six studies focus on the school's role in reporting child abuse and neglect. Four note the failure of the system to fulfill its responsibility by organizing standard procedures and ensuring that personnel are aware of the problem and the procedures available to them (CD-00277, CD-00635, CD-01544, CD-01945). One study simply surveyed 33 schools in a metropolitan area and noted that school personnel did in fact report numerous cases of abuse and neglect (CD-01294). This was borne out by an analysis of complainants and complaints in a public protective services setting which reported that the greatest number of acceptable complaints came from schools (CD-01855).

Studies of public awareness concentrate on surveying public knowledge of and attitudes toward the problem of child abuse and where to report it, or on measuring, by statistical reports, calls to a hotline. One survey sought information from a sample of residents of Newark, New Jersey, an area reporting the highest incidence of child abuse in the state (CD-01232) and found that nearly 70% of the respondents had heard about the problem of child abuse. Another studied nonwhites in Tacoma-Pierce County, Washington and found that a majority were aware of child abuse agencies (CD-01471). A third discovered that residents of Pueblo County, Colorado were aware of child abuse as a problem, but their knowledge of helpful agencies in the community was confused (CD-01371). The impact of a coordinated information campaign in Florida (CD-01842) and of the Care-Line, a 24-hour-per-day, 7-day-per-week statewide child abuse prevention and information service in Connecticut (CD-01489, CD-01490) has been studied. The tremendous increase in calls to these systems from year to year suggests that the public is increasingly aware of the problem and where to report it.

***Comparability of statutes*.** State reporting laws vary as to the definitions of abuse and neglect, penal sanctions, who must report, and reporting procedures. Such variations result in limited comparability among states' data on child abuse and neglect reports. Several studies from the field of legal research have compared the provisions of mandatory reporting statutes and state central registries (CD-00149, also reported in CD-00141, CD-00275, CD-00343, CD-00666, CD-00777, also reported in CD-00778, CD-01479, CD-01540). However, these surveys reveal that standardization of provisions is occurring as jurisdictions broaden their definitions of abuse and neglect, expand the classes of persons required to report, expand the provisions for confidentiality of records, and authorize the operation of central registries.

IV. PSYCHOSOCIAL ECOLOGY

The following section reviews the research on the psychosocial ecology of child abuse and neglect. A companion report[5] describes the psychosocial ecological approach, and presents a framework for identifying and analyzing all aspects related to individuals and their environment which seem relevant to the problem of child abuse and neglect. This psychosocial orientation of the framework shows a concern for factors related to individuals and families, as well as for the cultural and social environment in which they exist, while its ecological approach emphasizes the importance of the interrelationships of these factors and the ways in which they affect each other.

The major sets of factors that are thought to contribute to or mitigate against the occurrence of child abuse and neglect include (1) individual capacities, (2) situational factors, (3) attitudes and values, and (4) social institutional factors. These factors affect family dynamics both negatively, by creating stresses for the family, and positively, by providing supports that can enhance family functioning. It is some particular combination of these factors at particular times that is thought to be associated with child abuse and neglect.

Each of these factors is reviewed separately in the following section. Each study that reported findings related to one of these factors is included once in the review. In many instances, a study reported findings on both individual capacities and situational factors. In some cases, attitudes and values were also reported. The decision to review a study in a particular section was based on the majority of findings it presented.

Individual Capacities

Individual capacities are perhaps the most critical determinants of behavior. These characteristics define one's individuality. They determine the ways in which an individual adjusts to his environment and affect the ways in which he deals with himself and others.

In this review, individual capacities related to child abuse and neglect are divided into three major groups: personality characteristics, personal attributes, and life experiences.

Personality characteristics include temperament, motivation, ego strength, capacity for self-discipline, and capacity to give and receive affection. They are shaped by the potential established by heredity, by the developmental process of growth and motivation, and by the residue of memories and experiences which are the lessons of life. Certain characteristics represent enduring aspects of personality which persist throughout a person's life, but personality characteristics also develop and evolve as a person interacts with his physical and social environment.

Personal attributes include both physical capacities–such as general health, handicaps caused by genetic errors or by disease, and motor coordination and dexterity–and cognitive capacities, including innate intellectual ability, ability to use language, perceptual skills, and abstract thinking and problem-solving abilities. Some of these attributes are permanent conditions. For example, congenital blindness or deafness resulting from a childhood disease are more or less constant factors which affect other areas of an individual's growth and development. Normal capacities develop and change over time, some through the natural maturation process and others through learning and life experiences.

Life experiences importantly affect personality formation and the expression of personality through behavior, while at the same time personality characteristics and personal attributes play a significant part in determining some of the experience which one meets in life. Life experiences involving parent-child interaction in particular have a profound influence on an adult's own parenting ability. If abuse and neglect were experienced as a child, it is possible that under stress, these familiar and accessible responses which have become integrated into one's personality structure may emerge.

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[5] Klaus, S.L. *The Psychosocial Ecology of Child Abuse and Neglect*. (In press, September 1978).

The following pages present an annotated listing of 57 completed and eight ongoing research studies of individual capacities related to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular individual capacity to child abuse and neglect; or (2) regardless of study focus, a substantial proportion of findings dealt with individual capacities. These studies are listed alphabetically by author and full citations are given in the bibliography which begins on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known.* In addition, all relevant information provided by the abstract on individual capacities can be found under the heading "Review of Studies." Study findings are noted where available; if no findings are indicated in the abstract, the individual capacities dealt with in the study are reported.

Methodology. The sample size in 32 of the completed studies was between 20 and 80 subjects; six studies had subject populations over 200; study populations were abused or neglected children or their parents in almost every study. The exceptions were five studies which focused on mother-infant pairs and six studies which used as their subjects white welfare mothers, disadvantaged children with low Vitamin-A levels, primaparous mothers, poor rural families, women seen at a planned parenthood program, and the general population as a whole. Psychological testing predominated as a method of data collection; review of case records was also frequently used. Eight studies interviewed subjects; three studies included home or hospital observations of parent-child interaction; and one used videotape.

Review of studies. Most of the completed studies focus on the personality disorders of parents rather than children. Intelligence, mental illness or psychosis, alcoholism, anomie, and low self-concept frequently characterized abusive and neglectful parents.

Study findings related to children described personal attributes which made the abusing or neglectful parent perceive the child as different. Congenital defects and other handicapping conditions, prematurity, and infant and other early childhood illnesses were most frequently mentioned.

Findings related to life experiences fell into two major categories: (1) the conditions surrounding the birth experience and mother-infant bonding; and (2) parental life experiences and background.

Ongoing research studies. Two of the eight studies consider the relationships of child abuse and substance abuse. The majority of studies are attempting to identify characteristics of parents or children that may lead to poor interaction patterns and abuse or neglect. One study considers the role that failure to thrive may play in the susceptibility to later abuse or neglect.

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*Abbreviations for standardized psychological tests were used wherever possible; a key to these abbreviations can be found on page 63.

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TABLE 4

ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

	Reference	Methodology	Review of Studies
1.	Birrell, R.G.; Birrell, J.H.W. (CD-00093)	42 Maltreated children Admitted to hospital; 31-month case follow-up	Mental illness or subnormality of parents, alcoholism, disturbed parental background, and congenital abnormalities in child reported.
2.	Bishop, F.I. (CD-00094)	70 cases of child mistreatment Hospital population	At risk factors in child abuse cases included premature babies, congenital malformations, conception during depressive illness in mother.
3.	Boisvert, M.J. (CD-00104)	20 cases of child abuse	Developed typology of abusive parents including: psychotic parents, parents with irresponsible, immature, impulsive, passive aggressive, sadistic, and cold compulsive personalities.
4.	Borgman, R.D. (CD-00109)	34 rural low income mothers referred to welfare agency for chronic child neglect Contrast group of 16 mothers referred for evaluation of fitness for employment Standardized test (WAIS)	Neglectful mothers: large number moderately retarded; lack of intellectual capacity at root of mothering inadequacy.
5.	Brant, R.S.T.; Tisza, V.B. (CD-01425)	52 cases of possible sexual misuse from cases in pediatric emergency room	Sexual abuse usually a manifestation of family pathology.
6.	Brazelton, T.B.; Tronick, E.; Adamson, L.; Als, H.; Wise, S. (CD-01426)	12 mother-infant pairs during first 5 months of infant life Videotape	By 3 weeks of age, newborns demonstrated expectancy for interaction with caregiver. Attentional cycling may be diagnostic of optimal mother-infant interactions and seems not to be present in more disturbed interactions.
7.	Browning, D.H.; Boatman, B. (CD-01435)	14 cases of incest Referred to psychiatric clinic	Chronic depression in mother, alcoholism in father, handicapped or retarded children.
8.	Children's Hospital Medical Center (CD-01467)	Cases of abnormal ingestion, failure to thrive, and child abuse and neglect Tape recorded interviews	Problem areas that distinguished cases from controls included problems in mother-child relationship, problems in mother's life history, and child health problems.
9.	Cohen, M.I.; Mulford, R.M.; Philbrick, E. (CD-00210)	1401 neglecting parents	Assessed interpersonal relations, problem-solving skills, coping skills, self evaluation regarding success-failure, emotional patterns, perception of reality.

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
10. De Chateau, P.; Wiberg, B. (CD-01509)	Primiparous mothers and their infants at 36 hours post partum and at 3 months post partum	Significant differences in study group who were allowed 15-20 minutes of suckling and skin-to-skin contact during 1st hour after delivery. Differences greater for boys than girls. Study mothers spent more time looking en face at infants and infants cried less and smiled more.
11. Delsordo, J.D. (CD-00264)	80 cases of physical abuse	Patients classified by causes of abuse including: parental mental illness, alcoholism, parental frustration, irresponsibility and anomie, and brain damage in the child.
12. Dorman, S. (CD-01158)	69 child abuse cases randomly selected from 135 reported to Children's Hospital National Medical Center	Several personality traits account for parental behavior: narcissism, immaturity, poor ego development, poor self concept. Physically or psychologically deviant children singled out for abuse.
13. Elmer, E. (CD-00294)	Comparison of abusive and nonabusive mothers Hospital population	Abusive mothers: rated medical stress more severely. Abused babies: less healthy with higher rate of prematurity.
14. Fanaroff, A.A.; Kennell, J.H.; Klaus, M.H.; (CD-00304)	146 infants confined to intensive care nursery for longer than 14 neonatal days Divided into two groups: Mothers who visited more than 3 times in 2 weeks (Group 1); mothers who visited fewer than 3 times in 2 weeks (Group 2) Follow-up for 6-23 months after discharge	2 of 111 mothers in Group 1 exhibited disorders in mothering; 9 of 38 in Group 2 exhibited such disorders.
15. Floyd, L.M. (CD-01566)	12 abusing and 12 neglecting mothers 32 control mothers Compared on 8 personality measures (TAT)	No difference in abusing and neglecting mothers on measures of dependency frustration, nurturance, interpersonal self-esteem. Abusing and neglecting scored higher on TAT need aggression, lower on family adjustment and interpersonal self-esteem.
16. Fomufod, A.K.; Sinkford, S.M.; Long, V.E. (CD-01170)	Cases of child abuse seen at metropolitan hospital over 1 year	Hypothesis supported that early and prolonged neonatal hospitalization interferes with the development of natural maternal-infant bonding and sets the scene for greater distortions at later date.
17. Friedrich, W.N.; Boriskin, J.A. (CD-01584)	357 children Reported to county welfare as physically abused Analysis of case reports	Parental stress derived from handicapped children a factor in child abuse.

TABLE 4 (Continued)

ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
18. Galdston, R. (CD-00350)	60 abused children (mostly 6-18 months old) Hospital population	Role reversal in parents, history of unpleasant childhood experiences observed.
19. Giovannoni, J.M.; Billingsley, A. (CD-00378)	186 neglectful mothers Low income; black, white, or Spanish-speaking Interviews	Past social and familial situation of mother did not differentiate neglectful from adequate mothers. Neglectful mothers showed lower degrees of nurturance toward children and lower preference for younger, more dependent children.
20. Goldson, E.; Cadol, R.V.; Fitch, M.J.; Umlauf, H.J., Jr. (CD-01606)	114 children from neighborhood health program with diagnoses of nonaccidental trauma, failure to thrive, or both; 6 weeks to 8 years of age	25% had low birth weights as compared with only 14% of children born in the hospital during that period.
21. Gordon, R.R. (CD-01609)	Mothers in perinatal period	Factors isolated in study to determine potential child abuse factors included mental dullness, too many pregnancies too close together, late attendance for antenatal care or default.
22. Green, A.H. (CD-00396, CD-01192, CD-01614)	60 abusing mothers Control group of 30 neglectful mothers, 30 mothers of pediatric outpatients Structured interviews and review of agency records	Child abuse a dysfunction of parenting in which parent misperceives child due to his own frustrating childhood experiences. Parents relied on child for gratification of dependency needs; had impaired impulse control, poor self-concept, disturbances in identity formation.
23. Gregg, G.S.; Elmer, E. (CD-00406)	113 accidentally injured or abused children (30 abused) Observations of children and families	Abused children: developmental retardation, irritability as infants.
24. Griswold, B.B.; Billingsley, A. (CD-00407)	40 white, welfare mothers Psychological testing (MMPI, CPI, WAIS, Barron's Ego Strength Scale) Interviews	Test scores indicated psychotic tendencies among abusive mothers and significantly lower self-control. Neglectful mothers: neurotic tendencies, deficiencies in all areas of socialization, lower self-esteem.
25. Hepner, R.; Maiden, N.C. (CD-00471)	38 urban disadvantaged children with low serum Vitamin-A Pair-matched for age, race, neighborhood, sex, school, with children with normal Vitamin-A CLLS	Strong correlations found between malnutrition indicators and quality of mothering.
26. Hyman, C.A. (CD-00500, CD-01661)	Abusive families Matched control group of normal parents Psychological, intelligence, and developmental testing	Abused child scored lower on intelligence and developmental tests; abusing parents scored higher on practical intelligence than verbal intelligence; abusing mothers

TABLE 4 (Continued)

ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
26. (Continued)	(Stanford-Binet, Bayley Scales, Bene-Anthony Family Relations Test, WAIS, Cattell's 16 PF)	scored lower on capacity for character integration and maturity of personality; abusing fathers showed defective personality integration and were more introverted.
27. Justice, B.; Duncan, D.F. (CD-01688)	35 abusing parents 35 matched nonabusing parents having difficulties with their children Social Readjustment Rating Scale	Abusers report moderate life crisis in the year prior to abusive event; competed with other parent and children for the role of being cared for.
28. Kennell, J.; Jerauld, R.; Wolfe, H.; Chester, D.; Kreger, N.C. (CD-01710)	Primiparous mothers given prolonged contact with baby Control group had contact with baby consistent with normal hospital routine Structured interviews, physical examination of babies, time-lapse films of feedings	Measurable differences lasting for as long as 1 year were noted supporting theory of special attachment period shortly after birth.
29. Klaus, M.H.; Kennell, J.S. (CD-00569)	Mothers and newborn infants Observations made up to one month after discharge	Mothers denied physical contact with their infants until 20 days after delivery showed less coddling and less eye contact with the infants than a group of mothers allowed contact after 5 days.
30. Klein, M.; Stern, L. (CD-00570)	51 cases of abused children seen at a hospital	12% were low birthweight infants compared with expected rate of 7-8% in general population. Associated with abuse was a high degree of isolation and separation of infants from parents during neonatal period and high incidence of major neonatal problems, including psychomotor retardation.
31. Komisaruk, R. (CD-00579)	65 cases of child abuse referred to county court Parent interviews	High number of parents with IQ under 75, undiagnosed mental illness, psychic traumata in their own childhood; dependent, immature, and narcissistic personalities.
32. Langshaw, W.C. (CD-00589)	29 children identified as abused	In 14 cases, history of mental illness or psychiatric treatment in adult. Immaturity, low frustration threshold, ambivalence or rejection of child, depression, rigid, compulsive, and passive dependent personalities, absence of remorse common findings. 5 children had physical or intellectual handicaps.
33. Lukianowicz, N. (CD-00632)	20 women who had attempted infanticide Case study	Mothers: product of an unhappy traumatic childhood; personality disorders and psychiatric disorders observed.

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
34. Lynch, M.A. (CD-01234, CD-01747)	25 abused children Compared with 35 nonabused siblings Parent interviews; review of medical records	Factors identified with abused group: childhood illness in the first year of life, illness in mother in child's first year of life.
35. Lynch, M.A.; Roberts, J. (CD-01749)	50 children referred to hospital because of actual or threatened abuse Comparison group of 50 nonabused children born at same hospital Hospital records	Abused children: evidence of emotional disturbance, admission to special baby care unit, and suggested inability of mother to care for the child.
36. Melnick, B.; Hurley, J.R. (CD-00675)	10 abusive mothers 10 controls matched for age, social class, and education Psychological tests (TAT, California Test of Personality, Family Concept Inventory)	Abusive mothers: scored higher on TAT pathogenicity and dependency frustration, lower on TAT need to give nurturance, self-esteem, manifest rejection. Characterized by inability to empathize with children, severely frustrated dependency needs, probable history of emotional deprivation.
37. Myers, S.A. (CD-00702)	83 preadolescent victims of felonious homicide, 35 killed by mothers	Filicidal mothers: overtly psychotic. Immaturity, masculinity, and Oedipal conflicts observed.
38. Newberger, E.H.; Reed, R.B.; Daniel, J.H.; Hyde, J.N., Jr.; Kotelchuck, M. (CD-01262)	303 children admitted to inpatient services 257 children who visited emergency clinic of urban academic pediatric hospital Hospital interview with mothers of children	Data support hypothesis that differential categories of hypothesized stresses and personal and social strengths determine the occurrence of pediatric social illnesses. Child abuse associated with more extreme disparities of stress and strength.
39. O'Hearn, T.P., Jr. (CD-00741)	23 abusive fathers Control group of 23 nonabusive fathers, matched for age, income, age of children, and number of children under 5 years old	Abusive fathers were significantly less powerful, less assertive, and had significantly lower ego strength.
40. Paulson, M.J.; Abdelmonem, A.A.; Chaleff, A.; Thomason, M.L.; Liu, V.Y. (CD-00779)	15 males and 18 females, known abusers MMPI	Scales for male and female successful in identifying abusive parents.
41. Paulson, M.J.; Afifi, A.A.; Thomason, M.L.; Chaleff, A. (CD-00780)	33 mothers and 27 fathers referred to Child Trauma Intervention Program because of abuse or neglect in family Comparison group of 63 mothers and 37 fathers selected at random from child psychiatric outpatient clinic MMPI	Findings indicate that test scores from this instrument are useful in discovery of high-risk families and distinguishing different types of maltreating parents.

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

	Reference	Methodology	Review of Studies
42.	Paulson, M.J.; Schwemer, G.T.; Bendel, R.B. (CD-01874)	53 abusive parents 113 controls Psychological tests (MMPI, Magargee Over-controlled Hostility Scale)	Study focus: to differentiate abusive parents from controls using a variety of test instruments.
43.	Phillips, P.S.; Pickrell, E.; Morse, T.S. (CD-01882)	25 intentionally burned children admitted to hospital	Parents may have been abused themselves as children and are often lonely, immature, or bored.
44.	Polansky, N.A.; Borgman, R.D.; DeSaix, C. (CD-01285)	65 mother-child pairs Rural, Appalachia Measures of IQ, ego strength, and maturity	Inadequate mothers caught up in apathy-futility cycle, displaying powerlessness, helplessness, alienation, and depression generation after generation. Inadequate mental organization (measured by IQ, ego strength, and maturity) transmitted to children.
45.	Polansky, N.A.; Borgman, R.D.; DeSaix, C.; Smith, B.J. (CD-00814)	67 mother-child pairs Rural, southern, Appalachia Enrolled in Head-Start day care center program Interviews and test battery (CLLS, WAIS, TAT, Rorschach)	Findings suggest inadequate maternal care the result of pervasive characterological disturbance.
46.	Polansky, N.A.; Pollane, L. (CD-01891)	63 Appalachian families at or below poverty level 93 AFDC families CLLS Personality tests	CLLS score correlated significantly with intelligence and with features of parents' personalities independently measured.
47.	Seaberg, J.R. (CD-00896)	Data from nationwide study of child abuse subjected to expanded analysis	Effects from perpetrator being past victim of abuse and perpetrator being psychologically sick not observed.
48.	Simons, B.; Downs, E.J.; Hursker, M.M.; Archer, M. (CD-00931)	313 case reports involving medical care Review of cases reported to child abuse registry	50% had psychological difficulties; of that 50%, 20% were alcoholics or drug addicts. Survey found high proportion of cases where family exhibited mental problems or where victim was a low birthweight infant.
49.	Smith, S.M.; Hanson, R.; Noble, S. (CD-00949)	214 abusive parents	Mothers: abnormal personality, neurotic, subnormal intelligence. Fathers: abnormal personality.
50.	Smith, S.M.; Honigsberger, L.; Smith, C.A. (CD-00950)	35 abusive parents EEG; psychological tests	All parents found psychopathic and of low intelligence.

TABLE 4 (Continued)
ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

Reference	Methodology	Review of Studies
51. Sokol, R. (CD-01964)	Random sample of 360 females, 18 years and older seen at hospitals and planned parenthood agencies Questionnaire	Potentially abusive mothers: lower self-concept, more deeply affected by disappointments in life, generally more anomic.
52. Stern, L. (CD-00971)	51 abused children Hospital records	Much higher incidence of serious neonatal illness, congenital defects, low birthweight reported.
53. ten Bensel, R.W.; Paxson, C.L., Jr. (CD-01993)	10 severely physically abused children 10 controls matched for birthweight Treated in special care nursery at birth 3-year follow-up	Abusing mothers: higher incidence of gestational illness associated with postponement of first visitation with infant.
54. Terr, L.C. (CD-01002)	10 abusive families with children from 3 months to 9 years old Interviews; observations	Exaggerated dominant-submissive or aggressive-passive relationships between spouses. Children displayed physical abnormalities or ego defects frustrating to the abuser.
55. Williams, J.E.H. (CD-01340)	68 cases being considered for parole on incest convictions, generally 30-50-year-old men	Nearly 25% had low or subnormal intelligence.
56. Wilson, H.C. (CD-01341)	52 neglectful families Sociological study	Frequently found a personality characteristic resembling emotional retardation which may have been regressive response to economic and psychological strain. Immaturity not always related to neglect.
57. Wright, L. (CD-00491, CD-01071)	13 convicted abusive parents 13 nonabusive or neglectful parents matched for age, sex, race, number of children, marital and educational status, income Psychological tests (Peabody Picture Vocabulary Test, Rorschach, MMPI, Rosenzweig Picture Frustration Study)	Abusing parents scored differently on many of tests, appeared more psychopathic, scored lower on intelligence.

TABLE 5

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: INDIVIDUAL CAPACITIES

	Reference	Research Purpose	Methodology
1.	Altemeier, W.A., III; O'Connor, S. (CR-00003)	Determine if there is a characteristic pathological pattern in mother that correlates with disturbances in child care behavior and with abuse or neglect.	Screening pregnant women by questionnaire to classify as high, moderate, or low risk pre-, peri-, and post-natal evaluations.
2.	Chapa, D.; Luebbert, G. (CR-00027)	Investigate relationships between child abuse and neglect and drug abuse.	Data gathered from interviews and questionnaires. 5,000 adults divided into 1) child abuse and neglect parents, 2) substance abuse parents, and 3) general population (normal control).
3.	Frodi, A.; Lamb, M. (CR-00056)	Identify characteristics of infants and children, such as excessive crying, facial features, and child temperament, that may trigger impulsive, aggressive outbursts on part of parents or parent substitutes.	Heart rate, skin conductance, and blood pressure measured in parent couples watching videotapes of normal or premature infants. Broussard's Perception of the Average Baby Scale, Bother Inventory, Cary Infant Temperament Scale. 32 couples 20-35 years old.
4.	Kadushin, A.; Berkowitz, L. (CR-00090)	Develop understanding of behavior leading to abuse by focusing on parent's perception of child's behavior associated with an abuse event.	Experienced social work interviewers to conduct 60-minute interviews with 100 abusive parents.
5.	Kennell, J.H. (CR-00092)	To 1) determine if infant's contribution to perceived reciprocal interaction necessary to mother-infant attachment; 2) determine if mother-infant contact after birth increases maternal attachment thus insuring better health for the child; 3) investigate situation in which newborn infant is malformed.	Comparative analysis of infants and mothers who receive experiences in 1st week after birth and matched group who do not. Second study comparing mothers separated from infants for 1st 24 hours and group who were not. Third study looks at infants with congenital anomalies and compares group receiving intervention with one that is not.
6.	Kent, J. (CR-00094)	Investigate developmental outcome of high-risk infants who undergo prolonged hospitalization at birth; develop profile of risk factors.	Study population of 1) infants hospitalized because of prematurity, and 2) infants hospitalized due to congenital anomalies whose parents volunteer. Data collected by observation, questionnaire, and psychological evaluation.
7.	Mayer, J.; Black, R. (CR-00109)	To 1) examine distribution frequency and types of child abuse and neglect within sample of alcohol and drug abusers; 2) investigate child abusers and substance abusers for common factors; 3) examine relationship between stages in cycles of drug and alcohol abuse, adequacy of child care, presence or absence of abuse and neglect; 4) determine extent to which social and situational factors associated with abuse and neglect operative among alcohol and drug addicts.	Structured interview of 100 alcoholics and 100 opiate addicts with children under age 18. MMPI; Survey on Bringing up the Children, the Schedule of Recent Experience.

TABLE 5 (Continued)

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: INDIVIDUAL CAPACITIES

Reference	Research Purpose	Methodology
8. Tufts, E. (CR-00150)	Assess role of failure to thrive as indicator of potential susceptibility to later abuse and neglect.	Infants less than 6 months who are 2 standard deviations below normal height and weight under study. Comparison with matched control group. All subjects from clinic population.

Situational Factors

Situational factors are defined as the complex of factors unique to an individual and to families at a given time that arise from the immediate familial, living space, and social and economic environment. They can be positive factors strengthening the family and improving the quality of family life, or negative ones, making life more difficult. Situations affecting families may be chronic or acute. A sudden crisis, although of temporary duration, may have as profound an effect on family functioning as a long-standing problem.

In this review, the situational factors related to child abuse and neglect are divided into three major groups: the family situation, living conditions, and economic status.

The *family situation* includes the status of the marriage, its structure, and the quality of the marital relationship; the number, age, and spacing of children; family interaction; the presence or absence of "significant others"; and the degree of social isolation. *Living conditions* are defined by factors such as housing, clothing, sufficient and nutritious food, access to health care, geographic location, and available transportation. *Economic status* includes such things as employment status of one or both parents, income level, and job satisfaction.

The following pages present an annotated listing of 42 completed and six ongoing research studies of situational factors related to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular situational factor to child abuse and neglect; or (2) regardless of study focus, a substantial proportion of findings dealt with situational factors. These studies are listed alphabetically by author, and full citations are given in the bibliography which begins on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on situational factors can be found under the heading "Review of Studies." Study findings are noted where available; if no findings are indicated in the abstract, the situational factors dealt with in the study are reported.

Methodology. In reviewing the methodologies used in the completed studies, the problem of the noncomparability of research is immediately evident. Sample size, characteristics of study populations, and data collection methods vary enormously. While the majority of sample populations ranged from 20 to 100 subjects, one study had only 12 subjects, while another examined questionnaires on 1,401 welfare clients. Study populations also varied widely, e.g., middle-class families, Navajo children, and alcoholic incest offenders were all study subjects. The most commonly used technique of data collection was review of case records; eight studies used questionnaires or interviews.

Review of studies. While it is important to keep in mind that the abstract format limits the amount of information available for review, it is interesting to note that three situational factors did tend to recur in the review of the completed studies: low income, social isolation, and marital discord. The review which follows shows the broad range of situational factors that has been investigated by researchers.

Ongoing research studies. Family interaction, poverty, and socioeconomic status are specific factors under consideration in six studies. Several studies describe their purpose in general terms but do not identify specific factors under study.

TABLE 6

ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

	Reference	Methodology	Review of Studies
1.	Baldwin, J.A.; Oliver, J.E. (CD-01376)	60 severely abused children under 5 years of age Retrospective and prospective study	Identifying characteristics were large family size, low social class, instability.
2.	Ball, M. (CD-01377)	109 cases	Analysis of violent behavior; 33% of victims were children; income of violence victims was low.
3.	Bethscheider, J.L.; Young, J.P.; Morris, P.; Hayes, D.D. (CD-00083)	30 incest families, 70 neglect families Retrospective study of case reports	Incest and neglect families: high religious nonaffiliation rate, overcrowded conditions. Neglect families: lack of cleanliness, inadequate clothing, inadequate feeding.
4.	Brett, D.I. (CD-00119)	23 cases of child abuse, preschool-age children Control group of 56 children representing socioeconomic and racial cross section Interviews with mothers Medical and social services records	Material evaluated to determine family social characteristics and behavior problems.
5.	British Medical Journal (CD-01429)	28 psychiatric patients who had had some experience with incest. Unselected female psychiatric patients who were victims of paternal incest	Most of the cases reported occurred in large working-class families, living in cramped quarters in industrial towns or under conditions of extreme isolation in rural areas.
6.	Brosseau, B.E. (CD-01113)	Parents of 600 abused children	90% of abused children's parents stated they wanted the pregnancy.
7.	Bullerdick Corey, E.J.; Miller, C.L.; Widlak, F.W. (CD-01438)	48 children, to age 6 years, hospitalized for child battering Comparison group of 50 children hospitalized for other reasons Collected demographic and medical data	No differences found in number of mothers married, presence of siblings, the extent of prematurity or extended postnatal hospitalization.
8.	Chavez, G.T. (CD-01463)	50 university undergraduates	Attempt to identify students who were subjected to maltreatment through an instrument based on dysfunctional rearing characteristics.
9.	Cohen, M.I. (CD-01135)	43 middle class families Survey questionnaire to child protective workers	Statistical data analyzed on: occupation and finances, living arrangement, recreation, marriage expectations, and present relationships.
10.	Disbrow, M.A. (CD-01530)	17 families in which either parents apprehended for child abuse or children taken into custody Comparison group of 19 families randomly selected from same neighborhoods Questionnaires and subject interviews	Abusive parents more socially isolated and isolated as parents.

TABLE 6 (Continued)

ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
11. Durham, M.E. (CD-01535)	60 cases of child abuse Factor analysis	Findings showed there were enough causal relationships among variables to describe the factors and relate various factors to family cohesion, deviance, preceding behavior of the child, life stresses and tension, means of abuse.
12. Fergusson, D.M.; Fleming, J.; O'Neill, D.P. (CD-01165)	All cases of alleged or suspected child abuse that came to attention of Child Welfare Division in New Zealand in one year National survey, data collected on standardized recording forms	Child abuse concentrated in lower socioeconomic strata; abused children frequently experienced unstable home backgrounds.
13. Holman, R.R.; Kanwar, S. (CD-00485, CD-01208)	28 abused children Retrospective study of obstetric histories and early lives.	Finding was that environmental pressures lead to child abuse by susceptible individuals.
14. Holter, J.C.; Friedman, S.B. (CD-00488)	7 of 69 cases seen in emergency ward for accidents suspected of injury due to maltreatment 7 of 87 cases of suspected abuse in similar survey 6 months later Survey and evaluation by home visit	Families displayed a high incidence of stressful situations at time of child's accident.
15. Holter, J.C.; Friedman, S.B. (CD-00489)	19 cases of child abuse from 18 families	Families often social isolates, with few church ties or contacts with social organizations; often new community. Marital discord present in majority; unwanted pregnancy played important part in depression of mothers in 4 families.
16. Hyman, C.A. (CD-01660)	15 cases of suspected nonaccidental injury, children under 2 years old Comparison group of 15 cases of known accidental injury, children under 2 years old Questionnaire completed by health visitors	Abusing parents: more doubt concerning paternity, more sought termination of pregnancy, more marital and financial problems. Abuse occurred more often when mother pregnant or within 7 months of last delivery or miscarriage.
17. Kaplun, D.; Reich, R. (CD-01697)	112 child homicides under age 15 Postmortem reports, police inquiry reports, public assistance and child welfare agency case records	Severe poverty, illegitimacy of abused child, unwanted pregnancy, marital conflict, lack of medical care, hostile or nonexistent relationship with neighbors or relatives associated with abuse.
18. Kent, J.T. (CD-00562)	500 children and their families, referred for direct abuse Comparison group of 185 families referred for reasons other than abuse such as alcoholism, mental illness, inadequate parenting	Abusive parents: new to neighborhood, without phone or transportation, few friends, more complications during pregnancy or birth. Both groups poor in financial resources.

TABLE 6 (Continued)
ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
19. Kushnick, T.; Pietrucha, D.M.; Kushnick, J.B. (CD-00586)	39 abandoned children seen in metropolitan hospital, 6 neglected, 1 abused	Limited information available on family background indicated larger proportion of poverty, crime, and other disrupting factors among parents.
20. Lloyd-Still, J.D.; Martin, B. (CD-01738)	64 cases of abuse and neglect seen at a rural clinic, most under 3 years of age	Majority of cases related to a combination of marital difficulties, inadequate parenting, and economic crises.
21. Lukianowicz, N. (CD-00630)	26 cases of paternal incest and 29 cases of various other incestuous relations found among psychiatric and child guidance patients	Incest interpreted as a subcultural phenomenon precipitated by over-crowding and social isolation.
22. Molnar, G.; Cameron, P. (CD-01790)	18 incest cases, girls 14-17 years old	In all cases marital and sexual relationships of parents dysfunctional.
23. Moore, J.G. (CD-01796)	23 cases of violence between parents	Found a group of children subjected to emotional battering as a result of persistent marital conflicts and ensuing cycles of parental separation and reunification.
24. Mulford, R.M.; Cohen, M.I. (CD-01806)	1401 heads of 959 families Questionnaire distributed to caseworkers with state Society for Prevention of Cruelty to Children Client Psychosocial Characteristics Form	Neglecting parents characterized by low motivation, low social participation, and high residential mobility.
25. National Society for Prevention of Cruelty to Children (CD-01816)	25 families referred for treatment because of specific abusive incident Retrospective case study	Findings suggest a multicausal model, including marital discord, social isolation, unwanted pregnancy, economic stress.
26. Oakland, L.; Kane, R.L. (CD-00744)	33 Navajo children between 2 months and 3 years admitted to hospital because of neglect Age-matched with 49 controls Review of records	Neglectful mothers: more unmarried with smaller families.
27. Oliver, J.E.; Cox, J.; Taylor, A.; Baldwin, J.A. (CD-01273)	38 severely abused children under 4 years of age Clinical study	Most of male parents or guardians were unskilled laborers and had unstable work records. More than half the families had 4 or more children.
28. O'Neill, J.A., Jr.; Meacham, W.F.; Briffin, P.P.; Sawyers, J.L. (CD-00743)	100 cases of child abuse 3 weeks to 11 years old	Low socioeconomic status, broken homes, illegitimacy were associated factors.

TABLE 6 (Continued)
ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
29. Paulson, M.J.; Blake, P.R. (CD-00781)	96 cases of child maltreatment seen at metropolitan hospital	More documented evidence of abuse in lower economic levels.
30. Pemberton, D.A.; Benady, D.R. (CD-01877)	8 boys and 4 girls Consciously rejected children Age-matched control group	No significant characteristics noted when parents studied individually; marital discord reported as family characteristic.
31. Scott, P.D. (CD-00894)	29 cases in which father or father substitute charged with killing his child Comparison group of nonfatally abused babies	Significant differences in marital status, biological paternity, number of working mothers.
32. Segal, R.S. (CD-00899)	32 couples who neglect their children Comparison group of 31 couples who abuse their children	Family interaction a major determinant of differences between groups of parents.
33. Sills, J.A.; Thomas, L.J.; Rosenbloom, J. (CD-01947)	76 children with nonaccidental injury seen in an emergency department of hospital Review by multidisciplinary team	Among features which emerged in association with child abuse were illegitimacy, younger age pregnancy for mothers, and environmental stress factors.
34. Skinner, A.E.; Castle, R.L. (CD-00938)	78 cases of abused children	Both natural parents living in majority of families; 30 fathers and 74 mothers unemployed; financial problem present in 29 families and problems of accommodation encountered in 35%
35. Smith, S.M. (CD-00945)	50 children, average age 14 months, hospitalized for "unexplained" injuries who showed signs of abuse	Evidence did not indicate that abuse is restricted to lower social classes or that abused children were unwanted.
36. Smith, S.M. (CD-01957)	134 abused infants and children under 5, and their parents Comparison with matched group of parents whose children admitted as emergency cases	Lack of family cohesiveness and premarital conception were significant precursors to abuse.
37. Tormes, Y.M. (CD-01018)	20 cases of father-daughter incest Comparison group of 20 cases of nonincestuous sexual abuse	Incestuous families: less time spent in city, larger families, more young children, fewer relatives, lower levels of employment, more illegitimacy.
38. Virkkunen, M. (CD-02015)	22 alcoholic incest offenders (father-daughter) seen at a psychiatric clinic Comparison group of 23 nonalcoholic incest offenders seen at a psychiatric clinic	Alcoholic families: sexual rejection by spouse, large families, poor living conditions.
39. Waterway, J. (CD-02023)	42 victims of sexual abuse or incest referred to Protective Services Unit Questionnaire and interviews	More than 50% of families had multiple problems including financial instability and histories of family disruptions.

TABLE 6 (Continued)

ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

Reference	Methodology	Review of Studies
40. Wight, B.W. (CD-01337)	77 children under age 1 referred for X-rays 1 year longitudinal study	Abused children: low socioeconomic status, from broken homes.
41. Young, L. (CD-02051)	120 families selected from case files of 2 public child welfare agencies and 1 private agency handling only abuse and neglect in a large eastern metropolitan area 180 families from 2 rural areas, 2 medium sized cities, and 1 large urban area in midwest; and 1 medium sized city and 1 rural county on Pacific coast	Study focus was to identify and detail recurring behavior in abusive families.
42. Young, M. (CD-01345, CD-01346)	Groups of recognized abusive families drawn from public nurse caseloads Comparison group of caseload families with no history of abuse Questionnaire to public health nurses Psychological testing of parents (Rotter's I-E Scale and FIRO-B)	Abusive parents: significantly more socially isolated, fewer friends outside family, fewer persons to turn to in times of stress, less communication between spouses, greater feelings of powerlessness.

TABLE 7

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: SITUATIONAL FACTORS

Reference	Research Purpose	Methodology
1. Bentley, R.J. (CR-00008)	Identify stressful conditions and institutions which, impacting on the black community, may lead to child abuse. Isolate dominant familial characteristics involved with child abuse. Describe potential correlations which may illuminate child abuse variables.	Data obtained from court records, police files, and Dept. of Human Resources. Study population: 450 families (150 known abusers, 150 in agency files for other reasons, 150 normal families).
2. Burgess, R.L. (CR-00021)	Determine whether specific interaction patterns distinguish child abusing families from nonabusing families.	Observations made in homes of abuse and neglect, and matched control families. Behavioral Observation Scoring System adapted for data collection.
3. Geismar, J.; Horowitz, B.; Wolock, I. (CR-00059)	Clarify factors which, interacting with poverty, may make families more likely to abuse or neglect their children.	380 abusing families compared with 144 nonabusing families.
4. Lewis, M. (CR-00102)	Investigate effects of birth order, sex, and socioeconomic status upon mother-infant interaction, and upon psychological development of infant up to 2 years.	Observation at home for 2 hours when infant is 3 months old. At 1 and 2 years, infants and mothers videotaped in laboratory. 200 infants and families from 2 economic groups.
5. Money, J.; Werlwas, J. (CR-00115)	Develop a phenomenological account of behavior in families with children suffering from psychosocial dwarfism to determine etiological factors related to child abuse.	Case history analysis, patient and family observation, interviews with persons connected with the patients.
6. Starr, R.H., Jr. (CR-00142)	Determine causal and correlative factors in child abuse and neglect.	210 families (90 abusing or neglectful, 30 mothers entering methadone treatment program, 90 matched controls). Children less than 5 years old.

Attitudes and Values

Attitudes, values, and beliefs play an important role in shaping the behavior of parents, children, and families. Each individual is constantly shaping and reshaping his own personal view of life, selecting, developing, and interpreting those attitudes and values that are salient for him. Of course the sophistication and consciousness of this process varies widely from person to person.

This internal process is largely a response to the individual's exposure to the attitudes and values of significant others in his life, such as the members of his family and his immediate peer or reference group. In addition, each person is affected by his perception of the attitudes and values of society at large primarily as expressed through the media and through the social and political institutions that touch everyone. Any one individual, therefore, is affected by attitudes, values, and beliefs emanating from a variety of sources.

Thus the context of attitudes and values within which individuals and families exist is multidimensional. Each level influences and is influenced by every other level. For example, a family develops a set of attitudes reflecting a blending of values of individual family members. In turn the family's values may or may not be congruent with those of its immediate reference group. Further, if this group represents a particular minority or special subculture, its values may not be reflective of broader societal values. Dissonance or conflict between attitudes and values at any level may create stress for individuals and families.

In this review, the attitudes, values, and beliefs that are relevant to child abuse and neglect are divided into two major groups: attitudes toward children and attitudes toward the family.

Attitudes toward children include the value placed on children in general, based on a view of the child's position, role, and status within his group; attitudes toward unique categories of children; beliefs about determinants of child behavior and personality characteristics; attitudes about the age at which a child is considered competent to learn and reason, before which attempts to modify his behavior would not be fruitful; and attitudes about age-appropriate behavior.

Expectations about family life, family relationships, and the role and status of each family member constitute the set of beliefs and *attitudes toward the family* that are relevant to child abuse and neglect. Specifically, these attitudes include beliefs about the parent-child relationship; attitudes about the different roles that family members should assume; the value of these roles as perceived by other family members and by society; attitudes about others who may be involved in child care; and finally, attitudes about how family members relate to one another, such as the way in which feelings may be expressed or the appropriateness of corporal punishment in changing a child's behavior.

The following pages present an annotated listing of five completed and two ongoing research studies which consider the relationship of attitudes and values to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular attitude or value to child abuse and neglect; or (2) regardless of study focus, the majority of findings dealt with attitudes and values.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on attitudes and values can be found under the heading "Review of Studies." Study findings are noted where available; if no findings are noted in the abstract, those attitudes and values dealt with in the study are reported.

Methodology. The samples in four of the completed studies reported here were drawn from nonabusive populations including representatives of various professional groups, middle-class families, mothers of five-year-olds, and couples who married young. Home observation was used to collect data in two studies while three studies used a questionnaire with a professional group involved in child abuse and neglect.

Review of studies. Most of the completed research deals with children's behavior and appropriate means of modifying it. Four of the studies sought information on attitudes toward punishment. Three studies reported findings on the parental expectations of children's behavior. There was little research on expectations of family life, family relationships, and roles of family members.

Ongoing research studies. Unrealistic or rigid expectations on the part of the mother are the subject of one study, while the other sought information on child abuse in the context of physical violence in general.

TABLE 8

ANNOTATED LIST OF STUDIES: ATTITUDES AND VALUES

Reference	Methodology	Review of Studies
1. De Lissovoy, V. (CD-01520)	48 couples married while still in high school Home visits over 3 years	Unrealistic expectations of development associated with physical punitive measures.
2. Dolder, S.J.L. (CD-01532)	120 pediatricians, social workers, policemen, teachers, middle-class working adults, and high school teachers Questionnaire rating punishment incidents	Study focus: differences among groups regarding attitudes toward punishment and behavior of parents.
3. Sears, R.R.; Maccoby, E.E.; Levin, H. (CD-00897)	379 mothers of 5-year-olds	Study focus: relationship of child's level of aggressive behavior, degree to which mothers permitted such behavior, and severity with which they punished it.
4. Smith, S.M.; Hanson, R. (CD-01959)	134 abused children under 5 years old and their parents Control group of 53 children admitted as accidental emergencies and their parents Hospital and home observation Psychiatric, psychological, and sociological interviews Questionnaires	Abusive parents: excessive in maternal over-involvement, demands for obedience, and use of physical punishment.
5. Straus, M.A.; Gelles, R.J.; Steinmetz, S.K. (CD-01317)		Study focus: violence in the family, what constitutes legitimate and illegitimate violence.

TABLE 9

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: ATTITUDES AND VALUES

	Reference	Research Purpose	Methodology
1.	Egeland, B.; Deinard, A. (CR-00046)	Identify high-risk situations for abuse and neglect by studying characteristics of newborns, interaction of mothers and infant in 1st year. Investigate hypothesis that in situations where mother's expectations are unrealistic and rigid, interaction patterns will place child in high-risk situation.	Prospective longitudinal study. Child-rearing attitudes and expectations of 225 mothers obtained prenatally and 3 months after birth. Interactions observed at 3, 6, and 9 months, and infant attachment to mother studied at 12 months.
2.	Straus, M.A.; Gelles, R.J.; Steinmetz, S.K. (CR-00145)	To study child abuse within context of all uses of physical violence in family. Test subjective meaning of acts of violence to those involved. Test theories about etiology of intrafamily violence.	National sample of 2,143 families interviewed for data on frequency and modality of violence.

Social Institutional Factors

Social institutions exist for different purposes and on different levels. At the most universal and general level are basic institutions that express the purposes and embody the values of a society and shape the lives of all its members. These institutions are significant for all families and form the underpinnings without which no society would function.

At another level are social service and social control institutions that exist to serve the needs of families. Such institutions are numerous and can render various forms of help, relief, and care to parents, children, and families. They range from educational and health institutions that are used at one time or another by all families to those institutions that directly intervene to protect or change the behavior of individuals and families with specific social problems.

In this review, social institutional factors are divided into two major groups: basic social institutions and social service/social control institutions.

Basic social institutions are responsible for the general welfare of individuals and communities. They assign and carry out society's tasks, express and help shape its civic and social values, and provide cultural and recreational opportunities for its members. Basic social institutions include political structures; economic structures; and integrative structures, such as community organizations, schools, and media.

Social service and social control institutions are assigned to provide those general human services that may be needed at one time or another by all members of the community, and to deal with specific problems in our society. Included here would be institutions such as health and day care facilities, as well as those dealing with child welfare, drug and alcohol abuse, mental health, unemployment, and poverty.

Individuals and families may and do avail themselves of such services voluntarily. But in some cases society decides to intervene directly to change individual and family behavior which is deemed deviant and to protect family members who are seen to be at risk, especially children. In these cases social service institutions become institutions of social control. In addition, society has established specific instruments of social control--law enforcement and legal institutions--which also have a role to play in ameliorating or eliminating inappropriate behavior of individuals and families.

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The following pages present an annotated listing of 21 completed and 11 ongoing research studies focusing on social institutional factors related to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular social or institutional factor to child abuse and neglect; or (2) regardless of study focus, a substantial proportion of findings dealt with social or institutional factors.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on social and institutional factors can be found under the heading "Review of Studies." Study findings are noted where available; if no findings are indicated in the abstract, those social or institutional factors dealt with in the study are reported.

Methodology. The intent of completed research related to social institutional factors was to analyze the effectiveness of a particular system. Thus, the samples studied ranged from a single child protective program to an entire state system or even child protective services in all 50 states.

Methods of data collection included analysis of program records, interviews with staff, and in one study, interviews with clients.

Review of studies. Only two studies deal with basic social institutions. Both studies focus on the policies, procedures, and regulations of educational systems as they relate to child abuse and neglect.

All other studies focus on child protective service systems: needed and available services, and the effectiveness and efficiency of system operations.

Ongoing research studies. General social service and social support systems are under study in 10 projects as well as case dispositions in a police department, role of the educational system, the juvenile court system, and a military community system's management of abuse and neglect.

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TABLE 10

ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Methodology	Review of Studies
1. Barrett, L.; Froland, C.; Cohn, A.H.; Collignon, F.C. (CD-01387)	11 demonstration projects of joint OCD-SRS National Demonstration in Child Abuse and Neglect Descriptive analyses of project's resource allocation	In general, average expenditure increased 20% between Oct. 1975 and April 1976 while program hours expended remained stable. Comparative tables illustrating unit cost trends appended; index of relative cost efficiency of projects and factors associated briefly described.
2. Billingsley, A.; Giovannoni, J.M.; Purvine, M. (CD-00979, CD-01407)	3 studies: – participant observation study of a protective service system – questionnaire to protective service social workers in 9 public agencies – comparison of abusive and neglectful families with normal families	1. Cases that did not warrant legal action and lack of coordination between legal and welfare authorities were problems in protective services system. 2. Organization and functioning of a department is more important than size of case loads and education of individual workers; forces within a community can lead to trends in intervention rather than to intervention based on the individual client's problem. 3. Protective services should be conceptualized as comprehensive community services to children in their own homes, since these families are apt to be in need of a multiplicity of services.
3. Burns, A.; Feldman, M.; Kaufman, A.; Stransky, P. (CD-01440)	Child abuse and neglect reporting methods and procedures in one county Questionnaire directed to personnel in 6 hospitals and personnel in County Departments of Public Health and Social Service	Criteria for identifying an abuse or suspected abuse case varied for each individual. Most hospitals did not have a policy for delineating guidelines in suspected cases. Little cooperation between various agencies. Knowledge of abuse and neglect as health and social problem inadequate and inaccurate.
4. Burt, M.R.; Blair, L.H. (CD-00154)	1,200 cases of county child welfare agency Case records	Program shortcomings included: unnecessary abrupt removal of children from families; routine filing of neglect and dependency petitions; failure to prevent neglect, abuse, or dependency; duplication of effort by several agencies; lack of 24-hour emergency services.
5. Dawe, K.E. (CD-01507)	59 cases of child abuse Retrospective study of medical, social, or court records Survey of 1,000 physicians, lawyers, social workers, nurses, teachers, police, journalists, clergy	Problem areas uncovered in the retrospective study included inadequate intake records, lack of awareness of the problem, insufficient diagnoses and follow through, lack of coordination in record keeping. Recommendations from the study included: a central registry, standardized reporting procedures, augmentation of child welfare agencies, establishment of child advocacy office.

TABLE 10 (Continued)

ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

	Reference	Methodology	Review of Studies
6.	DeCourcy, P.; DeCourcy, J. (CD-01521)	13 cases of child abuse Case study	No effective remedial action taken in any of 13 cases because of inadequacies of courts and social agencies.
7.	De Francis, V. (CD-00252, also reported in CD-01516)	9000 cases of sex crimes against children Review of case records	Findings of project designed to study effectiveness of a child protective service program extended to child victims of sexual crimes reveal little intervention on behalf of children vulnerable to sexual abuse: 50% of affected households had prior contact with welfare authorities.
8.	De Francis, V. (CD-00251)	Child protective services in 50 states Survey	Program was grossly underdeveloped: no state or community had a program adequate in size to meet needs of all reported cases of abuse and neglect.
9.	DeGraaf, B.J. (CD-01522)	275 cases in 11 demonstration projects	Findings reported on case management in child abuse and neglect cases from intake and diagnosis through termination and follow-up.
10.	Education Commission of the States (CD-01545)	390 educational groups and institutions Phone and mail survey	Most state boards of education, state departments of education, institutions did not have policies, procedures, or regulations relating to child abuse and neglect.
11.	Harriman, R.L. (CD-01633)	State school system Written inquiries	Few school districts had written child abuse policies, administrative procedures, or in-service training.
12.	Johnson, C.L. (CD-01681, CD-01683)	2 county protective service units Collection of data on various agency functions	Both systems impeded as a result of state of their relationship with collateral systems, especially hospitals which fell short in channeling child abuse and neglect cases. In both systems, the record keeping system was an impediment.
13.	Maden, M.F. (CD-01752)	Reported child abuse victims	Findings show that cases investigated by social service agencies compared with law enforcement agencies are less likely to result in removal of victims from home, more likely to receive social services, more likely to invoke community action for perpetrator. Joint investigation more likely to result in removal of child and referral of family for services.

TABLE 10 (Continued)

ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Methodology	Review of Studies
14. New Jersey State Div. of Youth and Family Services (CD-01256)	Analysis of state child abuse and neglect treatment services	An estimated 80% of population of abused and neglected children received no assistance from state Division of Youth and Family Services. The most serious deficiency in treatment system is the lack of programs to help develop and improve parenting behavior and skills.
15. Pacheco, C. (CD-01862)	Analysis of 15 child abuse and neglect programs in a metropolitan area	Severe problems of a high professional turnover rate, significant deficiency in number of properly trained social workers, overworked city and state appointed attorneys, insufficient training for juvenile court judges and law enforcement personnel. Insufficient professional exchange of information, too few prevention programs, no printed material for Spanish-speakers, reporting system does not encourage reporting, duplication of effort in identification and treatment.
16. Queensboro Society for Prevention of Cruelty to Children, Inc. (CD-01899)	Analysis of county prevention, protection, and treatment services In-depth study of 3 randomly selected cases Structured interviews of 21 leaders in field and 166 directors and front-line workers	Analysis: duplication of services, omission of some services, in general an unplanned, uncoordinated system of care. Study of leaders, directors, and workers: duplication of services not a problem but coordination needed in prevention and rehabilitation.
17. Silver, L.B.; Dublin, C.C.; Lourie, R.S. (CD-01949)	Hospital and agency records of 34 cases of abuse Retrospective analysis	Only intervention effective in preventing further episodes of abuse or neglect was removal of child by court.
18. Tennessee State Dept. of Public Welfare (CD-01319)	Analysis of needed and available services for neglected, dependent, and abused children and families. County-by-county survey Case records and interviews of professionals	Protective service clients receiving more sufficient services than nonprotective service clients. Areas covered most insufficiently were the hotline, self-help organization, 24-hour emergency service, day care, homemaker, and parent education. Urban areas most deficient in services, while reverse is true in nonurban areas. Statewide, nonurban areas demonstrate the greatest need for services.
19. Terr, L.C.; Watson, A.S. (CD-01003)	Analysis of medical and legal records in 10 cases of suspected child abuse	Numerous procedural defects in both medical and legal institutions designated to deal with suspected child abuse.

TABLE 10 (Continued)

ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Methodology	Review of Studies
20. Varon, E. (CD-02012)	13 former clients of private agency 50 nonclients from same neighborhoods Relevant agency and nonagency professionals Interviews	Former clients and nonclients knew little or nothing of inner functioning of social agencies or their place in social structure.
21. Webber, D.N. (CD-02030)	Analysis of state specialized child protective service program	Study focus: referral movement, referral sources, reasons for referral and reasons for rejection of referral, caseload movement, public assistance status, numbers and types of social services provided, and reasons for closing cases.

TABLE 11

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Research Purpose	Methodology
1. Bohnstedt, M. (CR-00010)	Correlate characteristics of child abuse victims and parents with case dispositions.	1500 cases reported to police department of large western U.S. city.
2. Curry, D. (CR-00032)	Ascertain levels of awareness of abuse and neglect and child rearing practices among black community. Identify services provided and areas of need in various agencies dealing with abuse and neglect.	Home interviews of adult male and female members of black community in 14 cities. Interviews with representatives of social service agencies, schools, hospitals, and criminal justice departments in 2 cities to identify services.
3. Dinges, J. B. (CR-00039)	Evaluate and improve components of state case identification. Design and test methodologies for protective service needs and resources assessment. Design models for services identified as needed for prevention and treatment.	Survey research utilizing interviews, questionnaires, and case readings. Experimental research design used.
4. Garbarino, J. (CR-00058)	Investigate function of formal and informal support systems in mediating stresses which instigate abuse and neglect. Determine whether isolation from social support systems is a necessary condition for abuse and neglect.	Analysis of data from 93 census tracts to determine high- or low-risk neighborhoods. These provide contexts for assessment of family stresses and supports by an interview technique, the Family Support System Interview, and Holmes-Rahe Social Readjustment Scale.
5. Jones, C. D.; Fox, P. (CR-00088)	Develop and recommend alternatives regarding role of educational system in identification, treatment, and prevention of child abuse and neglect. Increase awareness in these systems and among state decision makers. Encourage participation among service delivery systems.	Trend analysis on data collected from state and local Boards of Education, PTA's, and other educational organizations. Research on teacher education and preparation in area of abuse.
6. Maney, A. C. Gaughan, M. (CR-00107)	Develop and report understanding of those professional bureaucratic and political processes which affect deinstitutionalization of child care systems.	Models contrasting components of professionally ideal system with those of metropolitan community's custodially oriented system developed. Principal method: participant observation.
7. McCathren, R. R. (CR-00111)	Investigate decision-making for and disposition of child abuse and neglect by social service and juvenile court systems. Design and draft administrative and legislative reforms to improve system.	Data collected via observation of juvenile court hearings and interviews with attorneys, judges, and social workers. Attitude surveys administered to direct line social workers and attorneys. Survey of children under state detention care.

TABLE 11 (Continued)

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: SOCIAL INSTITUTIONAL FACTORS

Reference	Research Purpose	Methodology
8. Nagi, S. Z. (CR-00117)	Gain nationally representative analytical picture of reorganization of services and control mechanisms concerned with child abuse and neglect. Identify limitations and strengths in structure and performance of these programs. Prepare recommendations for improving identification and control.	Intensive interviews with professionals in agencies and programs serving a probability sample of U.S. population.
9. Pelton, L. H. (CR-00122)	Ascertain subjective realities of natural parents involved in child abuse and neglect cases, and their views of child welfare agency, caseworkers, and services.	Unstructured interviews. 50-100 parents. Interviewees screened from random sample of Non-Work Incentive cases.
10. Steen, J.; Marlsy, M. (CR-00144)	Policy study of a military community's response to problem of abuse and neglect.	Structured survey of military and civilian child advocacy personnel. Description and statute analysis.

V. PREVENTION AND TREATMENT

In the preceding section of this review, those research studies which identified factors that may contribute to or mitigate against abusive or neglectful behavior were considered. This section will review research on the prevention and treatment of child abuse and neglect. As the causes of abuse and neglect are many and complex, so are methods of prevention and treatment. Theoretically, for every cause there exists an effective means of alleviating the situation that caused the deviance; thus, the proposed theories of prevention and treatment are the logical outcome of the identification of these causative factors.

Prevention and treatment programs can be categorized as primary prevention, secondary prevention or intervention, and treatment. Since these categories represent a continuum of prevention and treatment efforts, and since some programs may well incorporate elements of each of these categories, it is often difficult to assign programs to one or the other of these categories. For purposes of this review, *primary prevention* will be defined as preventing abuse before it occurs and will include those efforts that are available to the population in general, such as education for parenthood programs, community hotlines, and family support services. *Secondary prevention* includes those efforts directed at high-risk populations which might abuse or neglect their children unless given help. *Treatment* includes those services targeted toward the known abuser or neglecter in an effort to ameliorate whatever was the cause of this behavior and to prevent its recurrence.

Of the substantive areas being considered in this review, none has produced a larger body of information than treatment. Public attention has been focused on the problem of child abuse and neglect by dramatic news accounts, and an increase in federal monies, particularly from the National Center on Child Abuse and Neglect, has given rise to numerous strategies for treating both abusers and the abused.

Initial efforts which sought punishment for the perpetrator gave way to treatment by means of traditional clinical treatment methods and social work practices. The child was considered a victim and received protective services (possibly was removed), medical care, and little else. Treatment success was measured in terms of recidivism rates.

Later programs recognized abuse and neglect as patterns of interaction involving both parent and child. These programs focused on the family unit. At the same time, it was generally accepted that no one treatment method was sufficient and that most abusive situations demanded a range of services, both to relieve the immediate crisis and to provide long-range help.

At present, numerous treatment models and strategies are being used throughout the country, including therapeutic intervention, the extended family center, foster care, behavior modification, family advocacy, and other support services.

Primary Prevention

None of the completed research studies currently contained in the NCCAN Clearinghouse data base has addressed issues of primary prevention as a primary research focus.

One ongoing study (CR-00132) is testing the hypothesis that health personnel might contribute to primary prevention by providing increased support for maternal attachment and maternal care. In this study pregnant women are interviewed in their ninth month and after delivery are assigned to one of two groups. One group receives routine hospital care, while the other receives early or extended contact with the infant in the hospital and frequent visits by paraprofessionals trained to facilitate attachment and bonding.

Secondary Prevention

Tables 12 and 13 present an annotated listing of four completed and six ongoing studies which focus on secondary prevention efforts. Of the completed research, one study examined secondary prevention structures in various

European countries; the other three reported on screening methods used to detect parents with potential problems in child rearing or to analyze known abusers to develop screening methods.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on prevention can be found under the heading "Review of Studies."

Methodology. Sample size of the completed studies ranged from 33 abusive parents to 500 mothers to the clientele of prevention programs throughout Europe. Two studies developed a predictive questionnaire while a third used a standardized test instrument.

Review of studies. Two studies reported that severe punishment in childhood was predictive of later abuse; other predictive items included problems of self-esteem, conflict with authority, and concern with isolation.

Ongoing research studies. Five of the six studies focus on secondary prevention and are developing predictive variables or screening profiles of high-risk families. The remaining study is evaluating the feasibility of using the extended family in solving the problem of child maltreatment.

Treatment

Tables 14 and 15 present an annotated listing of 31 completed and 12 ongoing research studies which focus on a wide variety of treatment interventions ranging from a comprehensive, multidisciplinary approach to the use of drug therapy. These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The mode of intervention used in each study is described in as much detail as possible under the heading "Type of Treatment." The methodology of each study is described in as much detail as possible including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. Abbreviations for standardized psychological tests were used wherever possible; a key to these abbreviations can be found on page 64. In addition, all information provided by the abstracts on the outcome of treatment interventions can be found under the heading "Review of Studies."

Type of treatment. A wide range of treatment approaches is represented in the completed studies, most of which directed their efforts to changing parental behavior and/or attitudes. Three studies mentioned specific therapeutic activities targeted toward the child. Several studies dealt with the family unit offering both therapeutic and/or supportive services. One study evaluated the use of drug therapy.

Methodology. The completed studies used a variety of methods to try and assess effectiveness of treatment intervention, including questionnaires, intelligence and psychological testing, and comparison of program records.

Review of studies. Three studies reported on systematic evaluations of total program operation, including cost-effectiveness, realization of program goals, and administrative effectiveness, as well as treatment impact. The others concentrated on assessing effectiveness of treatment. In general, results are reported in terms of improvement in family functioning, self-image of parents and children, and children's IQ level. Only two studies reported recidivism rates as a measure of program impact.

Ongoing research studies. The effectiveness of various treatment modalities, such as psychiatric treatment for infants, volunteer lay therapists, and therapeutic playschool, is under study in 11 projects. Larger research efforts assess the impact of a number of demonstration projects.

TABLE 12

ANNOTATED LIST OF STUDIES: SECONDARY PREVENTION

Reference	Methodology	Review of Studies
1. Council of Europe (CD-01496)	Examination of secondary prevention structures in Austria, Belgium, Denmark, Germany, France, Netherlands, Norway, Sweden, Great Britain	Individual preventive action methods described include family guidance and assistance agencies, child guidance centers, economic and housing assistance, and children's homes and youth camps; group efforts include social work in asylums for the homeless and youth clubs.
2. Helfer, R. E.; Schneider, C. (CD-00464, CD-00887, CD-01938)	500 mothers from various socioeconomic levels Questionnaire screening for unusual rearing practices	100 thought to fall in high-risk category with low parenting skills. These mothers had higher than reasonable expectations for the child and more self-righteous attitude toward punishment; felt more unloved, criticized, and isolated; and had prevailing feeling of hopelessness, despair, and depression. Most heavily weighted item in prediction of abuse was response indicating violent punishment of the mother by her parents. Single best predictive cluster had to do with problems of self-esteem. At present questionnaire must be considered as a research tool or screening instrument; the number of false negatives or false positives to be expected has not yet been determined. Future uses of questionnaire may include gathering diagnostic data, identification of families at risk, and perhaps determining degree of success of treatment.
3. Paulson, M. J.; Afif, A. A.; Chaleff, A.; Liu, V. Y.; Thomason, M. L. (CD-01278)	15 males and 18 females as primary abusive parent Discriminant function analyses of MMPI Clinical interviews, medical history	Male abusers were more hedonistic, self-centered, suspicious, and in conflict with both parental and societal demands more often than normal males. Female abusers manifested counterculture behaviors bringing them into conflict with authority. They were also suspicious, distrustful, concerned over motives of their peer group, and fearful of hurting themselves and others.

TABLE 12 (Continued)

ANNOTATED LIST OF STUDIES: SECONDARY PREVENTION

Reference	Methodology	Review of Studies
4. Schneider, C.; Helfer, R. E.; Pollack, C. (CD-00818)	30 known abusers Companion group of 30 nonabusers matched on parent age, education, socioeconomic status, number of children, with a child of same age as the child who had been abused	Abusing parents reported significantly more severe physical punishment in their childhood, more anxiety about dealing with their children's problems, more concern about being alone and isolated, more concern with criticism, and higher expectations for performance of their children. 5 different personality types were found, 2 nonabusing and 3 abusing. Scores misidentified 2 false negatives and 6 false positives.

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TABLE 13

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: SECONDARY PREVENTION

Reference	Research Purpose	Methodology
1. Alger, M.; Uohara, B. (CR-00002)	Identify newborns and parents at high risk of abuse. Demonstrate feasibility of early intervention technique.	Screening mothers for psychosocial stress factors. Interviews conducted for mothers identified by first screen. Pre- and post-testing of mother-infant interaction will be conducted. Sample: 30 children and 30 family units.
2. Bermea, M.; Moreno, H. (CR-00009)	Test and evaluate feasibility of using extended family in solving problem of child abuse. Determine extent of abuse and neglect in migrant community.	Data compiled from general care profiles, extensive follow-up at home and at work.
3. Brotman, R.; Zarin-Ackerman, J. (CR-00016)	Develop predictive variables for use in preventive counseling of young families.	Comprehensive screening, case reviews, 2-year developmental assessment of infants born into program, parental rating scales. 71 adults with natural comparison groups from intake representation.
4. Gundy, J. H.; Krell, H. (CR-00068)	Develop and validate risk identification for use in newborn and prenatal nursing clinics. Evaluate support group.	Members of support group will complete questionnaires before and after 6-month period. Scales for risk identification will be validated.
5. Helfer, R.E. (CR-00072)	Assess reliability and validity of Michigan Screening Profile of Parenting. Develop and refine new scoring techniques and instrumentation.	Concurrent validation measured by comparing other measures. Reliability studies performed utilizing a test/retest method. Data gathered by participating field study groups.
6. Stephenson, S. P. (CR-00143)	Evaluation of effects of various preventive mental health techniques on high-risk children and their families.	24 children and families. Randomly and secretly assigned to experimental or control groups. Initially evaluated medically, developmentally, and psychologically. Parental Attitude Research Inventory, Cattel Infant Test, Piaget Object Scale, Peabody Picture Vocabulary. Reassessment made 2-2½ years later.

TABLE 14

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
1. Armstrong, K. L.; Cohn, A. H.; Collignon, F. C. (CD-01369)	Extended family center (EFC)	Evaluation components: – assessment of service impact – assessment of program goal realization – assessment of program costs – description of program operation	Evaluation findings included improvement in certain aspects of family functioning, such as self-image, awareness of child development, and ability to express anger; little difference in terms of reincidence between EFC and other treatment programs; difficulty on the part of families adjusting to termination of services because of dependence on center support; avoidance of stigmatizing clients. Gradual termination of treatment recommended.
2. Bates, T.; Elmer, E.; Delaney, J. (CD-01388)	Health-based, multidisciplinary program	Analysis of 9 multidisciplinary health-based programs selected for geographic, demographic, and methodologic diversity On-site visits, questionnaires	Found few regularly functioning, health-based, multidisciplinary treatment programs. No program knew how many other programs existed or where they were located. Most programs modeled after Helfer/Kempe description of multidisciplinary teams.
3. Beezley, P.; Martin, H. P.; Kempe, R.J. (CD-01395)	Psychotherapy, play therapy once or twice a week for 50 minutes	12 physically abused children aged 3.8-8 years Cognitive, speech-language, neurologic testing	Children who remained in therapy for a year displayed increased ability to trust adults, delay gratification, and verbalize feelings, as well as increased self-esteem and increased capacity for pleasure.
4. Behavior Associates (CD-01396)	Self-help	Evaluation components: – documentation of program goals – collection of descriptive information about personnel – analysis of processes in chapter functioning – measurement of program impact	Findings for first 2 years of Parents Anonymous project are reported.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

	Reference	Type of Treatment	Methodology	Review of Studies
5.	Berkeley Planning Associates (CD-01400)	Joint OCD-SRS National Demonstration in Child Abuse and Neglect Multidisciplinary	Evaluation components: – project goals – costs – case management – adult client characteristics – child client characteristics – community system characteristics	Projects whose goals were most successfully realized had ongoing agency as sponsor which was already a primary service provider and was well coordinated and administered. Factors contributing to comparative cost efficiency: – larger total expenditures – larger total staff – increased hours per staff – smaller proportion of expenditures for project activities – wider variety of services provided Key problems related to case management: – poor records – inconsistent supervision – lack of training – inadequate client participation Less than half of all adult clients had reduced potential for abuse or neglect at termination of therapy. Findings regarding children were also observed.
6.	Burt, M. R. (CD-01442)	Comprehensive emergency services: – emergency intake – emergency caretaker – emergency homemaker – emergency foster homes	Comparison of program records for 1969-70 with those for 1973-74	Program objectives were met at a substantial reduction in cost.
7.	Daniel, J. H.; Hyde, J. N., Jr. (CD-01147)	Two intervention models: Parent Education Programs – therapeutic teaching sessions for mothers for 12-14 weeks Family Advocacy Program – provide services to families while developing new modes of intervention for working with families	Descriptive, case-control study of families whose children exhibit the effects of pediatric social illness such as child abuse, accidents, ingestions, failure to thrive	Both programs showed promise after 2 years of experience.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
8. Ephross, P. H.; Weissman, L. A. (CD-00189, CD-01550, CD-01551, CD-01552)	Hospital-based multidisciplinary approach with pediatrician, social worker, nurse, psychiatrist, and community aide	Evaluation by: – administrative assessment including staff interviews and review of case files – interviews with 3 families – questionnaires	While a large proportion of the parents had treatment-resistant sociopathic personalities, the project still enjoyed a high successful treatment rate. The project team approach demonstrated effectiveness in dealing with all types of parents, including the emotionally disturbed.
9. Fanshel, D. (CD-01556)	Foster care	624 children in foster care 5-year longitudinal study of parental visiting patterns	Children who entered care due to own behavioral or emotional disorders received higher level of parental visits. 1 out of 3 children in the neglect or abuse category were visited by a parent. High parental visiting correlated well with discharge rates, particularly during earlier time periods of the study.
10. Galdston, R. (CD-00351, CD-00352)	Day care for abused children Directed group sessions for parents		Results obtained with 23 families and 42 children over 2 years are described in detail.
11. Hoffman, D. L.; Remmel, M. L. (CD-01206)	Crisis psychotherapy		A system of planned short-term therapy is described and evaluated.
12. Jones, B. M. (CD-00532)	Homemaker services in times of crisis	144 children in 29 families received services over a 1-year period	Findings: – separation averted in 142 cases – 2 children placed in foster homes had time to prepare for placement – generally improved pattern of family living – program vastly more economical than placement

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
13. Jones, M. A.; Neuman, R.; Shyne, A. W. (CD-01684)	Intensive family casework services, emphasizing increased casework counseling	1-year evaluation of 9 demonstration programs serving 549 cases involving 992 children – 42% of cases included emotional neglect – 23% of cases included physical neglect – 6% of cases included abuse – Compared with children in regular public program	Intensive family services were effective in averting or shortening placement, and this was accomplished with benefit to the children and at lower cost. Average child in experimental programs spent 24 fewer days in foster care. Fewer of the experimental group children spent any time in foster care–52% vs. 60% of children in regular programs. 6 months after end of project, 92% of experimental children still in own homes compared with 77% of regular program children.
14. Justice, R.; Justice, B. (CD-01691)	Transactional Analysis therapy	10 child-abusing couples	8 couples had children returned with no further reports of abuse. 1 couple dropped out of group and child not returned to them. 1 couple, still in group, given child on weekend basis.
15. Juvenile Protective Association (CD-00541)	Coordinated social, educational, and health services to families of neglected and abused children	35 families socially and economically impoverished	Details of services of homemaker programs, foster care, day care, preschool nursery care, and other traditional approaches are enumerated with cost estimates for each. Specific results obtained with each family are summarized, and some general conclusions regarding parents and children are drawn.
16. Lynch, M.A.; Ounsted, C. (CD-01748, CD-01750)	Inpatient unit for families of abused children; group, individual, and marital psychotherapy for parents	50 families, with 87 children – 23 children actually abused – 3 probable abuse – 24 at risk Variety of socioeconomic backgrounds and urban and rural areas	80% of families returned home with children. 12 children in 10 families need separation from family at admission or after short trial at home. No cases of proven reabuse. 2 children subsequently spent short periods in foster care. Many families requested assistance in times of crisis.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
17. Money, J.; Annecillo, C. (CD-01793)	Removal from home	16 patients with syndrome of dwarfism characterized by reversible hyposomatotropinism occurring with abuse and neglect Measurement of IQ before and after relocation of domicile	4 patients showed complete remission of symptoms of impaired growth and behavior and had IQ increases of 29 to 55. 8 had increases of 2 to 14; 1 showed no change. 3 who showed persistent symptoms, such as bedwetting, temper tantrums, hyperkinesis, and atypical food and fluid intake had decreases from 1 to 12. The longer the period of removal from home, the larger the increase in IQ.
18. Money, J.; Wolff, G. (CD-01795)	Removal from home	12 children with retarded statural growth associated with reversible somatotrophic deficiency (history of abnormal psychosocial behavior and motor retardation) Measurement of IQ before or on admission to hospital and after some period of removal from home	All improved after leaving the environment of growth retardation, and elevations of IQ by as much as 30-50 points observed. The more advanced the age of child before leaving the home, or while remaining in it, the later the onset of puberty. 1 case reported in detail.
19. Newberger, E. H.; Hagenbuch, J. J.; Ebeling, N. B.; Colligan, E. P.; Sheehan, J. S.; McVeigh, S. H. (CD-00727)	Hospital-based, multidisciplinary group for total management of child abuse cases	62 cases of abuse, 39 hospitalized	Average hospital stay was reduced from 29 to 19 days; average costs reduced from $3,000 to $2,500. Reinjury rate reduced from 10% to 2%.
20. Newberger, E. H.; McAnulty, E. H. (CD-00730)	Coordination and provision of hospital- and community-based treatment for physical and social problems of vulnerable children in multi-problem families	Review of 75 cases – 23 cases of abuse – 25 cases parent-child behavior problems – 9 cases multiple accidents – 8 cases failure to thrive	43% of cases referred by community-based agencies. 47% of cases referred for social or psychological therapy; improvement seen in 51% of these cases. Recent practical and theoretical advances in the management of such children are discussed.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
21. Paget, N. W. (CD-00759)	24-hour emergency babysitting service	32 cases Case review	Review of 32 cases occurring over 11 months indicated overall success of the program. Parent reactions were sometimes hostile but never violent. Overall cost of program was $2,000 a year.
22. Panel for Family Living (CD-01866)	Multidisciplinary approach Parent education	Evaluation components: – treatment outcomes – assessment of Panel's influence on community – assessment of efficacy of a behavioral approach in treating emotional neglect – evaluation of adequacy of the Common Language Assessment System as a model for diagnosing and treating emotional neglect	Since Panel intake procedures stressed concurrent multiple service, it was difficult to differentiate successful treatment modes. Common Language Assessment System proved effective in facilitating choice of therapeutic technique.
23. Sherman, E. A.; Phillips, M. H.; Haring, B. L.; Shyne, A. W. (CD-01284, CD-01307)	Services to children in their own homes	553 abused and neglected children Cases drawn from 1 voluntary and 3 public agencies Analysis of monthly service and outcome schedules kept by caseworkers; interviews Compared with placement families	In own-home cases, both parents more frequently present and financial situation better. Of 98 clients interviewed, 66% had positive perception of helpfulness or effectiveness of service. Congruence between parent's and worker's perceptions of need for service and kind of service needed. Areas of greatest positive change were those in which child care and training were center of concern and service effort.
24. Reich, J. W. (CD-01906)	Lay therapist as parent aide	8 abusing parents Control groups of: 7 abusing parents having regular social worker contacts only 144 nonabusing parents Questionnaires pre- and post-treatment	Data were reasonably consistent in showing an increasing movement toward a more positive approach in the interactions of parents with the aides. Effect that this might have on parent-child interactions could not be ascertained.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
25. Rosenblatt, S.; Schaeffer, D.; Rosenthal, J. S. (CD-01919)	Drug therapy	11 women and 2 men suspected of physical abuse or complaining of difficulty in controlling extreme punitive impulses against their children Treated with 200 mg of diphenylhydantoin twice a day or an inert placebo for 8 weeks on a random, double-blind basis Weekly tests to assess changes of attitude toward children, level of depression, hostility, anxiety, and other variables (Q sorts developed from scales from NIMH Depression Study, MMPI, Taylor Manifest Anxiety Scales, and Parental Attitude Research Instrument)	Short-term mollification of anxiety, depression, and somatic symptoms effected in drug-treated group. Experimental and control groups showed improvements at end of 6 weeks; however no significant differences were discernible between the 2 groups due to uncontrollable confounding factors. No measurable changes attributable to drug action were found on behavioral parameters hypothetically relevant to child abusing parents.
26. Shames, M. (CD-00906)	Homemaker services	12 families which had been particularly resistant to case workers' efforts to improve household management and child care	All 12 showed marked improvement in most areas and gains made held up after homemaker left. Resulted in realignment of family relationships. Homemaker's own skills less important than her intuitive ability to give mothers acceptance, respect, and understanding. Professional supervision of homemaker was important.
27. Silver, L. B.; Dublin, C. C.; Lourie, R. S. (CD-00926)	Own home services vs. foster care	Retrospective study of 34 cases of abuse	Children are better cared for in their own homes if agency intervention is effective in preventing further abuse or improving the quality of home atmosphere.
28. Steele, B. F.; Pollock, C. B. (CD-00966)	Therapeutic treatment	60 families of abused children from all socioeconomic levels and with a variety of emotional disorders	Useful contact was established with all but a few families and significant improvement seen in over 75% of those treated. Found decrease in demands on and criticism of child, increased awareness of age-appropriate needs and behavior, and development of wide social relationships.

TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

Reference	Type of Treatment	Methodology	Review of Studies
29. Stephenson, P. S. (CD-01316)	½-day enrichment program for very young high-risk children focusing on: 1) cognitive and effective stimulation 2) working to reduce any observable psychopathology Weekly home visits engaging both parents and siblings in therapeutic process	Multiproblem families with children 18-30 months of age Control group	Preliminary findings indicate that very disadvantaged, deprived, and alienated families who are abusing or neglecting their children can be successfully worked with on a voluntary basis, using preschool teachers as primary therapists for both children and their families.
30. Tracy, J.; Ballard, C.; Clark, E. (CD-01022)	Behavior modification, intervention of lay family health worker drawn from the community	41 families – 11 with abused children – 30 at high risk	84% of families showed improvement in areas of "domestic concern," 9% rated the same or worse, 7% rated unknown.
31. Young, L. R. (CD-01706)	Integration of case work, education, and group work	125 neglectful, disorganized families – 77% receiving public assistance – 98.5% with annual income $4,000 or less	Preliminary findings showed deterioration checked in 90% of families in the first year of program. Children showed considerable progress. In second year, 55-60% of families showed progress in at least one area of family functioning. Importance of family planning as requirement for future family stability stressed.

TABLE 15

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: TREATMENT

	Reference	Research Purpose	Methodology
1.	Doty, E. F.; Houston, T. R. (CR-00041)	Formative evaluation of 12 demonstration centers established by the National Center on Child Abuse and Neglect.	Evaluation components include organizational bases and service modes, service volume, unit costs, identification of measures of impact upon coordination of services, abuse and neglect incidence, and recidivism.
2.	Fraiberg, S. (CR-00054)	Develop psychiatric treatment methods for infants with moderate to severe developmental problems. Develop measures for assessing change in infants and parents before and after treatment.	Naturalistic observations from home visits recorded in narrative form, playroom visits, developmental (Bayley) testing supply study data.
3.	Galdston, R.; Bean, S. L. (CR-00057)	Develop new techniques to improve services to young abused children and parents. Train personnel to pursue further studies into problems related to abuse. Study origins and fate of violence as force within the family.	Descriptive analysis. Data collected from worker's initial assessment, weekly progress charts, conferences, observations, and follow-up studies on terminated care. Sample population: 31 males, 21-34; 51 females, 19-37; 80 children, 3 months to 4.5 years.
4.	Hammar, S. L. (CR-00069)	Assess increased participation, utilization, coordination, and effectiveness of service delivery. Demonstrate a model of prevention and treatment of abuse and neglect.	Monitoring agency records, interviewing agency personnel, analyzing joint agency conferences. Control groups of serviced and nonserviced families.
5.	Harrell, M. (CR-00070)	Evaluation to develop more effective guidelines concerning judicial disposition of abused infants.	Data collected and analyzed concerning experiences in making judgments and disposition and outcome of treatment for child and parents.
6.	Knox, J. C.; Phillips, Y.; Eyman, N. (CR-00097)	Formative evaluation of regional demonstration program.	Descriptive data collection for formative evaluation using case records of caseworkers.
7.	MacMurray, V. D.; Brummitt, J. R.; Cunningham, P. H. (CR-00105)	Evaluate intervention process, outcome effectiveness, and feasibility and practicality of services provided by volunteer lay therapists or family aides working with abusing parents.	50 abusing families to receive treatment by team and family aide. 50 abusing families in control group to receive treatment by team alone. Data will be examined to identify which independent and control variables account for decrease in probability of risk of abuse.
8.	Miller, P. J. (CR-00113)	Formative evaluation of 8 innovative demonstration projects in treatment, prevention, and identification of child abuse and neglect.	Site visits on quarterly basis to determine qualitative data. Quantitative data collected about clientele, costs, and services.
9.	Pascoe, D. J.; Glasser, M. (CR-00120)	Determine nature of sexual abuse in children and evaluate effectiveness of medical treatment program for sexual abuse.	Demographic and psychological data collected on victims. Documentation from case records and staff conferences.

TABLE 15 (Continued)
ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: TREATMENT

Reference	Research Purpose	Methodology
10. Paulson, M. J. (CR-00121)	Assess rehabilitative effectiveness of group therapy intervention for abusive parents.	Study group to receive traditional group psychotherapy. Matched sample to receive group psychotherapy plus child management training. Matched control group to receive traditional casework supervision. Incidence of abuse or recidivism within family, change in pre-post-therapy psychological test data assessed at end of 12 months of treatment.
11. Rodeheffer, M. A.; Mirandy, J. A.; Cone, S. (CR-00131)	Study development, personalities, and behavior of physically abused children. Assess effects of therapeutic playschool environment.	Developmental level of 20 children abused at age 2.5-4 years assessed. Subsequent development of sample in therapeutic playschool compared with matched sample in regular day care or in their own homes. Standardized measures of cognitive speech and language, and motor functioning. Further documentation through behavioral observations of teachers and children in classroom.

VI. EFFECTS/SEQUELAE

"Nothing stirs so great a sense of urgency that we move to do something about neglect and abuse as when we review what is known about its consequences."[6] The obvious and primary consequences to the victims of abuse or neglect are many. Children suffer temporary or permanent bodily injury; children starve or go without education and clothing; infants are born addicted to heroin; adolescent girls become pregnant from incestuous unions; and approximately 2,000 children die each year, victims of child abuse or neglect. Other more subtle long-range effects include emotional, behavioral, and cognitive problems. There is some evidence that siblings of the abused or neglected individual suffer emotional and behavioral problems as well, even if they are not the targets of the abuse or neglect. There are some indications that abused children later become violent, behaving aggressively toward other members of society as juvenile delinquents, as murderers, or as abusive parents. Society feels the effect of abusive or neglectful behavior through the strain on the school system, the protective service system, the courts, and all such systems whose task it is to identify and treat those families. Finally, there are consequences for the parents themselves. Some may be prosecuted and go to jail. Others will find help through a good treatment program; but certainly few will be unaffected by the realization that they have harmed their child.

Any study that focused on the effect of abuse, neglect, or failure to thrive is included in this review. To date research efforts have focused almost entirely on the effects of abuse and neglect on the child. The effect of abusive and neglecting behavior on the perpetrator is not reviewed here because of the lack of any systematic examination of this issue. It is not known how often families move or how many parents suffer psychological problems requiring hospitalization or what the impact of the label "abuser" or "neglectful parent" has on an individual.

Tables 16 and 17 present an annotated listing of 42 completed and two ongoing research studies focusing on the effects/sequelae of child abuse and neglect. These studies are organized under four major headings–abuse, neglect, abuse and neglect, and failure to thrive–depending on the type of maltreatment. Reports of the effects of abuse constitute the largest category, accounting for 33 of the 42 studies. Four studies report effects of neglect; three report on the effects of abuse and neglect; and 2 on the effects of failure to thrive. The studies are listed alphabetically by author within each category and full citations are given in the bibliography beginning on page 64.

The methodology of each study is described in as much detail as possible, including sample size and characteristics; control or comparison group if mentioned; means of data collection, where known; and length of time between abuse and follow-up. A summary of study findings reported in the abstract is also presented in the table under the heading "Review of Studies."

Methodology. Most study samples were relatively small, the great majority being under 100. A few exceptions were notably large: one study looked at 774 abused children and compared them with 900 juvenile offenders; another evaluated 347 depressed hospitalized women with a comparison group of 198 normal women; another reviewed 1,500 child guidance clinic cases.

The study samples can be generally characterized as abused children seen in a hospital or psychiatric clinic setting. A few studies did examine other populations such as violent patient inmates or juvenile offenders.

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[6] Polansky, N.A., Hally, C., and Polansky, N.F. *Profile of Neglect: A Survey of the State of Knowledge of Child Neglect*. Washington, D.C.: Community Services Administration, Social and Rehabilitation Services, DHEW, 1975, p. 27.

Review of case records and standardized tests were the major means of measurement though one study used home visits, another classroom observation, and a third a behavior questionnaire completed by teachers.

Length of time of follow-up was seldom reported in the abstract. Of the nine studies that did report this, six studied effects three to five years after the abusive incident, one eight years later, one six years later, and one six months later.

Summary of effects. The effects of abuse and/or neglect and failure to thrive reported here were generally delayed language development, mental retardation, and psychological and behavioral problems. Studies also reported on the likelihood of reabuse or of death. One study reported that abused children committed fewer aggressive crimes than their siblings and more escapist crimes, while another noted that abused children exhibited less overt and fantasy aggressive behavior and were more somber and docile.

It was noted that the effects of abuse and neglect are often confounded by the effects of lower class membership and by the lack of knowledge of whether the "effect" in fact was present prior to the abusive incident.

Ongoing research studies. One study is evaluating the effects of separation of children from parents, and the other is evaluating the effects of an abusive environment on children.

TABLE 16

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
1. Bach-y-Rita, G.; Veno, A. (CD-01372)	62 violent patient-inmates. Analysis of life histories and clinical variables.	Some of the habitually violent patients who were identified as self-destructive were subjected to violence or deprivation during childhood. Suggestion of strong correlation between neurological impairment and early injury or deprivation.
2. Blager, F. B.; Martin, H. P. (CD-01412)	23 abused children – 10 preschoolers subjected to abuse within preceding 6 months – 13 older children in psychotherapy seen several years after incident Speech and language assessments (Illinois Test of Psycholinguistic Ability)	Preschool group showed delayed speech and language development on all measured parameters. Older group more within normal limits but showed more scatter of abilities and disabilities than expected.
3. Bloom, L. A. (CD-01413)	17 children abused in early childhood Control groups: – 17 children suffering accidents and similar hospitalization at comparable age – 25 children with no history of accidents or abuse Assessment of communication skills	Abused children demonstrated significant expressive communication problems–high incidence of poor expressive language, poor conversational articulation, and stuttering.
4. Bolton, F. G., Jr.; Reich, J. W.; Gutierres, S. E. (CD-01418)	774 abused children Comparison group of 900 reported juvenile offenders Comparison of reported crimes	Abused children had low frequency of aggressive crimes by comparison with siblings–reported for escapist crimes far more often than siblings.
5. British Medical Journal (CD-00124)	78 cases of abuse	Where the first child in a family was abused, 13:1 chance that a subsequent child would be abused.
6. Christiansen, J. L. (CD-01469, CD-01714)	138 abused school-age children referred to juvenile court Analysis of welfare case records and school records	Abused children found more frequently in special education classes, and classes for emotionally disturbed and educable mentally retarded. Number of abused children in state mental institutions significant. Academic achievement of majority of abused children below grade level. Many had behaviors indicative of psychological problems.
7. Ebbin, A. J.; Gollub, M. H.; Stein, A. M.; Wilson, M. G. (CD-00282)	50 parentally abused children representing 1% of admissions to Children's Division of County-University Medical Center. Most children less than 2 years old.	Many of the children showed growth retardation or anemia. Three died, 25 had been injured previously, and in 8 cases siblings had also been injured.

TABLE 16 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
8. Elmer, E. (CD-00293, CD-00296)	50 children hospitalized for multiple injuries – 17 under 3 months – 9 between 3 and 6 months	Of the 50 children under study, 7 died, 3 sustained new injuries, 2 were rehospitalized for treatment, 7 had serious physical defects, 4 were seriously mentally retarded.
9. Elmer, E.; Gregg, G. S. (CD-00295)	20 abused children with multiple bone injuries – 13 white – 7 black – Los SES Interviews and psychological testing	Of 11 children without medical abnormalities prior to abuse, 2 failed to thrive, 4 had IQ's below 80, 4 were emotionally disturbed, 3 displayed physical defects; more than half had speech problems. Of 9 children with previous abnormalities, 3 failed to thrive, 2 were obese, 6 were mentally retarded, 5 were emotionally disturbed, 4 displayed physical defects.
10. Elmer, E. (CD-01161)	Children hospitalized for injury. 3 study groups: abused, nonabused, unclassified.	Abused children had highest number of most severe problems, mentally and physically.
11. Elmer, E. (CD-01548, CD-01549)	17 lower class children abused as infants Comparison group of 17 children injured in accidents matched for age, race, sex, and socioeconomic status Comparison group of matched untraumatized group of nonabused children Clinical assessment 8 years after children were studied in infancy	Few group differences in health history and development, intellectual functioning, language, self-concept, impulsivity, and aggression. High incidence of problems in all groups. Effects of lower class membership on child development may be as powerful as abuse. Neglect revealed as significant factor related to intellectual retardation.
12. Fitch, M. J.; Cadol, R. V.; Goldson, E.; Wendell, T.; Swartz, D. (CD-01563)	45 physically abused hospitalized children Comparison group of 18 nonabused failure to thrive children Control group of 19 children Review of hospital charts Bayley Scales of Infant Development, McCarthy Scales of Childrens Abilities Evaluation at time of admission and 6 months later	Significantly smaller proportion of abused children's mothers demonstrated a desire to breast feed. Developmental testing revealed a wide disparity between abused subjects and control group: abused children scored generally lower than control subjects in areas of cognitive development.
13. Fitti, R. M.; Gitt, A. (CD-01167)	28 abused children, aged 2-6, who had undergone psychotherapy Review of records	Characteristic disturbed behavior patterns, such as distrust and fear of adults, variability of behavior, disturbed interpersonal relationships, poor self-image, communication difficulties, and hyperkinetic activity, present in abused children.

TABLE 16 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

	Reference	Methodology	Review of Studies
14.	Green, A. H. (CD-00395)	70 school age schizophrenic children of whom 32.8% were abused Screening of case histories	Significant association between physical abuse and self-mutilation among boys though not among girls.
15.	Green, A. H. (CD-01615)	59 abused children from low-income ghetto areas Control groups of 29 nonabused neglected children and 30 normal children Interviews with mother or maternal guardian	Significantly higher incidence of self-destructive behavior among abused children. Self-destructive activity often enhanced by ego deficits and impaired impulse control, and seemed to represent a learned pattern of behavior originating in early traumatic experiences with hostile primary objects.
16.	Harris, M. J. (CD-00438)	Accidents under 2 years of age of whom 25% were abused	Likelihood of rebattering after first incident is 30%. Death rate among repeatedly abused children is 20% for an overall death rate of 10%.
17.	Iowa Child Abuse Study (CD-01131)	74 abused children treated at hospitals for injuries Review of present social situations	6 children (8%) had died, 5 (7%) were in institutions, 6 (8%) were living with relatives, 9 (12%) had been adopted, and 12 (16%) were in foster care.
18.	Jacobson, S.; Fasman, J.; DiMascio, A. (CD-00517)	347 depressed hospitalized women Comparison groups of 198 normal women not receiving psychiatric care, 114 primarily neurotic outpatient females	Negative child-rearing experiences such as abuse and punishment associated with later depression. Relationship between degree of depriving child-rearing experience and severity of adult illness suggested.
19.	Johnson, B.; Morse, H. A. (CD-00525)	101 abused children Study undertaken 2-3 years after the abusive incident	During period of service, 79 children removed from homes; two thirds seriously injured; 3 died of injuries; 1 died of gross neglect.
20.	Kempe, C. H.; Silverman, F. N.; Steele, B. F.; Droegemueller, W.; Silver, H. K. (CD-00560)	302 cases of abused children reported from hospitals Survey	33 children (11%) died and 85 (28%) suffered permanent brain injury.
21.	Kent, J. T. (CD-01712)	Abused children placed out of natural home divided into 3 groups: nonaccidental trauma, gross neglect, nonabuse group receiving protective services because of high risk for abuse Evaluation at intake and after placement	Both abuse groups had higher incidence of problem behavior on intake. Both nonaccidental trauma and neglect children manifested greater developmental delays in language on follow-up than motor development and activities of daily living. Abusive environment tends to produce highly troubled children independent of low socioeconomic status.

TABLE 16 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
22. Koski, M. A.; Ingram, E. M. (CD-01718)	46 children, aged 2-30 months, with nonaccidental trauma 38 children with failure to thrive Group of normal controls Bayley Scales, Mental Development Index, Psychomotor Development Index	Physical abuse detrimental to neural functioning but not to motor functioning. Neglect detrimental to both neural and motor functioning. Effects on boys different from those on girls.
23. Laver, B.; Ten Broeck, E.; Grossman, M. (CD-00593)	130 abused children under 10 admitted to a hospital Control group of concurrent admissions Review of medical and social records	Many suffered from emotional, physical and medical neglect as well; 44% had been abused previously. 6 children (5%) died.
24. MacKeith, R. (CD-00639)	Children with cerebral palsy and mentally deficient children (United Kingdom)	Speculation on incomplete data suggests that nonaccidental injury and associated deprivation account for 90 new cases of cerebral palsy annually (6%), 150 (25%) new cases of severe mental handicap annually, and perhaps 3,000 new cases of children with disturbed personality. An alternative method yields 400 new children each year with chronic neurologic deficits.
25. Martin, H. P.; Beezley, P.; Conway, E. F.; Kempe, C. H. (CD-01762, CD-01767)	58 abused children 5 year follow-up study Findings reported at a mean 4.5 years after abuse	53% had some neurologic abnormality of which 31% handicapped everyday function of child; 5% were microcephalic; 31% had height or weight below third percentile. Hypothesis that mental retardation or brain damage stemming from immaturity elicits abuse from parents not supported. IQs of children with head trauma or residual neurologic deficit significantly lower. Environmental factors significantly related to IQ scores.
26. Martin, H. P. (CD-01760)	42 physically abused children Follow-up study	33% demonstrated failure to thrive at time of admission. Mental retardation twice as frequent when failure to thrive accompanied physical abuse.
27. O'Neill, J. A., Jr. (CD-00742)	110 abused children	7% died, 10% suffered permanent disability, 80% showed signs of repeated injury, 66% had more than one fresh injury when first seen. Psychological scars, neglect, and malnutrition all associated with abuse.
28. Peters, J. J. (CD-01878)	64 child victims of sexual assault, 2-12 years of age Home visits and psychiatric interviews	Improper handling or repressed sexual attack may cause serious psychological problems for victim as an adult.

TABLE 16 (Continued)
ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

Reference	Methodology	Review of Studies
29. Rolston, R. H. (CD-01298)	20 foster children who had suffered severe physical abuse or punishment, mean age 10.6 years 20 foster children without history of physical abuse TAT, behavioral rating scales	Abused children characterized by significantly overt and fantasy aggressive behavior, lower ratings on competitiveness, truancy, quarrelsomeness, destructiveness, and verbosity. Abused child significantly higher in scaling of somberness, docility, desire to placate, appetite, masturbation, and thumb-sucking.
30. Sendi, I. B.; Blomgren, P. G. (CD-00900)	10 adolescents who had committed homicide 10 adolescents who had threatened or attempted homicide 10 hospitalized controls Evaluation of clinical, developmental, and environmental factors	Environmental factors such as parental brutality, seduction by parent or parental perversion, brutal rejection by father appeared important in reinforcing homicidal behavior.
31. Silver, L. B.; Dublin, C. C.; Lourie, R. S. (CD-00926)	34 cases of child abuse reported at a hospital Review of hospital records supplemented by police and social service agency records Family histories sometimes dating back 20 years	In 4 cases (12%) abusive parent was shown to have been abused as a child; in 7 cases (20%), abused children had already come to the attention of juvenile court within 4 years of abuse.
32. Smith, S. M.; Hanson, R. (CD-00946)	134 abused children mean age 18.5 months Control group of 53 children hospitalized for conditions not involving trauma	Half had serious injuries, 21 (15%) died, 65 (48%) had been abused more than once, 20 (15%) had permanent neurological sequelae, 10 (8%) had serious congenital defects. Twenty-three (15%) had been previously admitted to hospital with failure to thrive and overlap with physical neglect considerable. Mortality and morbidity high among siblings.
33. Zuckerman, K.; Ambuel, P.; Bandman, R. (CD-01084)	60 child abuse cases Review of cases	2 children (3%) died; one-third placed in other homes; reabuse occurred in 17% of those returned home.

TABLE 17

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF NEGLECT

Reference	Methodology	Review of Studies
1. Chase, H. P.; Martin, H. P. (CD-01461)	19 children diagnosed with undernutrition during first year of life Control group matched for socioeconomic status, birth date, weight, sex, and race Yale Revised Developmental Examination, Boston-Iowa Growth Grids, Denver Developmental Screening Test, WAIS Vocabulary Test, Home Stimulation Inventory Scale	Undernourished group lower in height, weight, head circumference, and developmental quotient. Impairment of physical and mental development correlated with duration of undernutrition during first year.
2. Jenkins, R. L.; Boyer, A. (CD-00521)	1500 child guidance clinic cases	Mothers with characteristics of inadequate mothering most likely to have children with behavior problems. Correlations not as strong for inadequate fathering.
3. Richardson, S. A. (CD-01909)	Schoolboys in Jamaica 6-10 years old, some of whom had experienced an episode of severe malnutrition during first 2 years of life. IQ testing	Severe malnutrition in infancy occurring in a context of an overall history of good physical growth and a favorable social background had negligible effect on intellectual functioning. In a context of poor overall history of physical growth and unfavorable social background, later impairment of intellectual functioning can occur.
4. Schermerhorn, W. (CD-00883)	19 neglected boys Comparison group of 17 boys from caring families 1 hour of classroom observation by a social worker and psychologist Interviews using projective measures and direct questioning	Deprivation of nurturing care in young children makes them less capable of developing positive human relationships. Significant differences found in areas of affiliation, positive self-concept, negative adult perception, positive teacher and peer relationships and negative teacher and peer relationships.
5. Friedman, S. B.; Morse, C. W. (CD-01582)	15 suspected abuse children 7 gross neglect children aged 5-10 years seen in university emergency room Comparison group of 19 children representing accident cases Follow-up study 5 years later	Accident children had lower incidence of subsequent injuries; siblings had fewer injuries; relationship with mother judged better; and fewer emotional and social problems in the families.
6. Morse, C. W.; Sahler, O.J.Z.; Friedman, S. B. (CD-00695)	25 children from 23 families hospitalized for illnesses judged to be sequelae of abuse or gross neglect 3 years after hospitalization	One-third of children had again been suspected of being victims of physical abuse or neglect. 70% of children judged outside normal range in intellectual, emotional, social, and motor development.

TABLE 17 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF NEGLECT

Reference	Methodology	Review of Studies
7. Sandgrund, A.; Gaines, R. W.; Green, A. H. (CD-00875, CD-01194)	60 abused children 30 neglected children Control group of 30 normal children All from families receiving public assistance, all from inner-city All between the ages of 3 and 5 WISC for children, Wechsler Preschool and Primary Scale of Intelligence, 13 scales	Abused and neglected found considerably impaired in ego pathology-normality and cognitive intactness. Abused and neglected had significantly lower IQs; no significant difference between abused and neglected children.
8. Glaser, H. H.; Heagarty, M. C.; Bullard, D. M.; Pivchik, E. C. (CD-00150, also reported in CD-00379)	41 children admitted to hospital for failure to thrive, average age 12.5 months Review of hospital case records Follow-up on an average 3.5 years later	More than half showed evidence either of continued growth failure, emotional disorder, mental retardation, or some combination of these. A number showed variety of detrimental social and psychological conditions, one of the most common being parental neglect. Approximately normal distribution of IQ scores; however 6 children were retarded.
9. Hufton, I. W.; Oates, R. K. (CD-01656)	21 children diagnosed as having nonorganic failure to thrive Behavior questionnaire completed by teachers WISC Review at an average of 6 years 4 months after initial presentation at hospital	One-half had abnormal personalities; two-thirds had delayed reading age; one-third had verbal scores significantly lower than performance scores. 3 had suffered abuse and 2 of these had died.

TABLE 18

ANNOTATED LIST OF *ONGOING* RESEARCH STUDIES: EFFECTS/SEQUELAE

	Reference	Research Purpose	Methodology
1.	Leiderman, P. H.; Hastorf, A. (CR-00101)	Evaluate effects of separation of children from parents. Primary attention given to age factors.	Compilation of cases followed by psychological assessment of children and families using experimental questionnaire–derived and naturalistic techniques. 120 males and 120 females from 1 to 10 years old included. Comparison groups used.
2.	Martin, H. P. (CR-00108)	Determine effects of abusive environment on children.	Neurological exams and IQ tests in conjunction with personality assessment.

APPENDIX

Abbreviations of Standardized Tests

Cattell's 16 PF – 16 Personality Factor Questionnaire
CLLS – Polansky Childhood Level of Living Scale
CPI – California Psychological Inventory
FIRO-B – Fundamental Interpersonal Relations Orientation
MMPI – Minnesota Multiphasic Personality Inventory
Rotter's I-E Scale – Rotter's Scale of Internality-Externality
TAT – Thematic Apperception Test
WAIS – Wechsler Adult Intelligence Scale
WISC – Wechsler Intelligence Scale for Children

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ONGOING RESEARCH STUDIES

CR-00002
Family Service Center, Honolulu, Hawaii.
2319 Rose St.
Honolulu, HI 96819
Hana Like Home Visitor Project.
Alger, M.; Uohara, B.
May 75-Jun 78
Office of Child Development (DHEW), Washington, D.C.

CR-00003
Vanderbilt Univ., Nashville, Tenn. Dept. of Pediatrics.
21st Ave. South and Garland St.
Nashville, TN 37232
Causal Factors in Neglect and Battering: A Prospective Study.
Altemeier, W. A., III; O'Connor, S.
Jun 75-Dec 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00008
National Council for Black Child Development, Inc., Washington, D.C.
1411 K St. N.W. Suite 500
Washington, D.C. 20005
An Exploratory Investigation of Potential Societal and Intrafamilial Factors Contributing to Child Abuse and Neglect.
Bentley, R. J.
Jun 75-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00009
Texas Migrant Council, Laredo.
P. O. Box 917
Laredo, TX 78040
Migrant Child Abuse and Neglect Prevention Project.
Bermea, M.; Moreno, H.
Jul 75-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00010
California State Dept. of Youth Authority, Sacramento. Research Div.
1829 16th St.
Sacramento, CA 95814
Analysis of Child Abuse Reported to a Law Enforcement Agency.
Bohnstedt, M.
May 77-continuing.

CR-00016
New York Medical Coll., N.Y. Center for Comprehensive Health Practice.
5 E. 102nd St.
New York, NY 10029
Family Care Program
Brotman, R.; Zarin-Ackerman, J.
Feb 75-Feb 78
New York Medical Coll., N.Y.; National Inst. of Drug Abuse (DHEW), Rockville, Md.

CR-00021
Pennsylvania State Univ., University Park. Inst. for the Study of Human Development.
University Park, PA 16801
Social Interaction Patterns Relating to Child Abuse and Neglect.
Burgess, R. L.
Jun 75-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00027
Mexican American Neighborhood Civic Organization (MANCO), San Antonio, Tex.
118 Broadway Rm 327
San Antonio, TX 78205
San Antonio Child Abuse and Neglect Research Project.
Chapa, D.; Luebbert, G.
Jul 75-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00032
National Urban League, New York, N.Y.
500 East 62 St.
New York, NY 10021
Project Thrive: Enhancing the Black Family and Protectin the Children.
Curry, D.
Jun 75-Jun 78
National Center on Child Abuse and Neglect (DHEW) Washington, D.C.

CR-00039
Texas State Dept. of Public Welfare, Austin.
3000 S. Interregional Hwy.
Austin, TX 78702
Child Abuse and Neglect Resources Demonstration (CANRED) Project.
Dinges, J. B.
Jan 75-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00041
White (E. H.) and Co., San Francisco, Calif.
347 Clement St.
San Francisco, CA 94118
Development and Conduct of a System of Evaluation for Demonstration Centers in Child Abuse and Neglect.
Doty, E. F.; Houston, T. R.
Dec 74-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00046
Minnesota Univ., Minneapolis School of Psychology Training Program.
N 548 Elliott Hall
Minneapolis, MN 55455
A Prospective Study of the Antecedents of Child Abuse.
Egeland, B.; Deinard, A.
May 75-Jul 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00053
Children's Hospital of Buffalo, N.Y. Dept. of Medical Photography.
219 Bryant St.
Buffalo, NY 14222
Photography of Suspected Child Abuse and Maltreatment.
Ford, R. J.; Smistek, B. S.
Oct 74-continuing
Children's Hospital of Buffalo, N.Y.

CR-00054
Child Development Project, Ann Arbor, Mich.
201 E. Catherine St.
Ann Arbor, MI 48104
An Infant Mental Health Program.
Fraiberg, S.
Sep 72-May 78
National Inst. of Mental Health (DHEW), Rockville, Md.; Michigan State Dept. of Mental Health, Ann Arbor, Mich.; The Grant Foundation, New York, N.Y.

CR-00056
Northern Iowa Univ., Cedar Falls. Dept of Psychology.
Wisconsin Univ., Madison. Dept. of Psychology.
Cedar Falls, IA 50613
Possible Contributions of Children to Their Own Abuse.
Frodi, A.; Lamb, M.
Sep 76-continuing.
Wisconsin Univ., Madison. Graduate School Research Committee. National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

CR-00057
Children's Mission, Inc., Boston, Mass. Parents' and Childrens' Services.
329 Longwood Ave.
Boston, MA 02115
Parents' Center Project for the Study and Prevention of Child Abuse.
Galdston, R.; Bean, S. L.
Sep 68-continuing
Children's Mission, Inc., Boston, Mass.; Grant Foundation, New York, N.Y.

CR-00058
Boys Town Center for the Study of Youth Development, Omaha, Neb.
11414 W. Center Rd.
Omaha, NE 68144
The Human Ecology of Child Maltreatment.
Garbarino, J.
Sep 76-Jun 78

CR-00059
Rutgers, The State Univ., New Brunswick, N. J. Graduate School of Social Work.
New Brunswick, NJ 08901
Factors Relating to Levels of Child Care Among Families Receiving Public Assistance in New Jersey.
Geismar, L.; Horowitz, B.; Wolock, I.
Jun 75-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00060
Rhode Island Univ., Kingston. Dept. of Sociology.
Kingston, RI 02881
The Social Construction of Child Abuse.
Gelles, R. J.
Apr 74-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00068
Dartmouth Coll., Hanover, N.H. Dept. of Maternal and Child Health.
Hanover, NH 03755
Children At Risk Program.
Gundy, J. H.; Krell, H.
Jan 76-continuing
Spaulding Potter Charitable Inst., Concord, N.H.; Richard King Mellon Foundation, Pittsburgh, Pa.

CR-00069
Kauikeolani Children's Hospital, Honolulu, Hawaii.
226 Kuakini St.
Honolulu, HI 96817
Hawaii Child Abuse Demonstration Project-Hawaii Family Stress Center.
Hammar, S. L.
Jan 75-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00070
Parental Stress Center, Pittsburgh, Pa.
918 S. Negley Ave.
Pittsburgh, PA 15232
Parental Stress Center.
Harrell, M.
Feb 74-79
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.; Governor's Justice Commission, Pittsburgh, Pa.

CR-00072
Michigan State Univ., East Lansing. Dept. of Human Development.
B240 Life Sciences Building
East Lansing, MI 48824
Service Project to Determine the Reliability and Validity of the Child-rearing Questionnaire.
Helfer, R.
Jun 75-May 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00088
Education Commission of the States, Denver, Colo. Dept. of Elementary and Secondary Services.
1860 Lincoln St.
Denver, CO 80203
The Educational System's Role in Child Abuse and Neglect.
Jones, C. D.; Fox, P.
Jan 75-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00090
Wisconsin Univ., Madison. Dept. of Social Work.
425 Henry Mall
Madison, WI 53700
The Child's Contribution to Child Abuse.
Kadushin, A.; Berkowitz, L.
Jun 76-Jun 78
National Inst. of Mental Health (DHEW), Rockville, Md.

CR-00092
Rainbow Babies and Children's Hospital, Cleveland, Ohio.
2040 Adelbert Rd.
Cleveland, OH 44106
Mother to Infant Attachment.
Kennell, J. H.
Jul 74-continuing
Maternal and Child Health Service (DHEW), Rockville, Md.

CR-00094
Children's Hospital, Los Angeles, Calif. Div. of Psychiatry.
P.O. Box 54700 Terminal Annex
Los Angeles, CA 90054
Behavior, Parenting, and Outcome of High-Risk Infants.
Kent, J.
Oct 74-continuing
Bureau of Community Health Services (DHEW), Washington, D.C.

CR-00097
Child Abuse and Neglect Demonstration Organization (CAN-DO), Belton, Tex.
P. O. Box 729
Belton, TX 76513
Central Texas Council of Governments Child Abuse and Neglect Demonstration Organization.
Knox, J. C.; Phillips, Y.; Eyman, N.
Dec. 74-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00101
Stanford Univ., Calif. Boys Town Center.
Stanford, CA 94305
Psychological Sequelae of Foster Home and Parental Placement of Abused and Neglected Children.
Leiderman, P. H.; Hastorf, A.
Sept 75-Aug 79
Stanford Univ., Calif.

CR-00102
Educational Testing Service, Princeton, N.J.
Rosedale Rd.
Princeton, NJ 08540
The Effect of Birth Order on Mother--Child Relationship.
Lewis, M.
Jul 75-continuing
National Inst of Child Health and Human Development (DHEW), Bethesda, Md.

CR-00104
Center for Studies of Child and Family Mental Health, Rockville, Md. Mental Health Study Center, Rockville, Md.
5600 Fishers Ln.
Rockville, MD 20853
Studies of the Abused and Neglected Adolescent.
Lourie, I. S.
Sep 75-continuing
National Inst. of Mental Health (DHEW), Rockville, Md.

CR-00105
Calgary Univ. (Alberta). Div. of Community Health Science.
1611 29 St. N.W.
Calgary, Alberta, Canada T2N4J8
A Family Aide Project for Parents With a High Risk of Child Abuse.
MacMurray, V. D.; Brummitt, J. R.; Cunningham, P. H.
Aug 76-Aug 79
Department of National Health and Welfare, Ottawa (Ontario).

CR-00107
National Inst. of Mental Health (DHEW), Adelphi, Md. Mental Health Study Center.
2340 E. University Blvd.
Adelphi, MD 20783
Participant Observation of the Reorganization of a System of Care for Abused and Neglected Children: A Study in Child Advocacy.
Maney, A. C.; Gaughan, M.
75-continuing.

CR-00108
JFK Child Development Center, Denver, Colo.
4200 E. 9th
Denver, CO 80220
Follow-up Studies of Abused Children.
Martin, H. P.
71-continuing
Bureau of Community Health Services (DHEW), Bethesda, Md.

CR-00109
Washington Center for Addiction, Boston, Mass.
41 Morton St.
Boston, MA 02130
An Investigation of the Relationship Between Substance Abuse and Child Abuse and Neglect.
Mayer, J.; Black, R.
Jun 75-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00111
Texas Univ., Austin. School of Law.
2500 Red River
Austin, TX 78705
Regional Resource Center on Child Abuse and Neglect.
McCathren, R. R.
Jul 75-Jul 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00113
CPI Associates, Inc., Washington, D.C.
2030 M St. N.W.
Washington, DC 20036
A Process Evaluation for Innovative Demonstration Projects.
Miller, P. J.
Aug 75-Mar 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00115
Johns Hopkins Medical Institutions, Baltimore, Md. Psychohormonal Research Unit.
601 N. Broadway
Baltimore, MD 21205
Reversible Hyposomatotropinism (Psychosocial Dwarfism): Behavioral Data in Cases and Their Families.
Money, J.; Werlwas, J.
Sep 74-continuing
Public Health Service (DHEW), Washington, D.C.

CR-00117
Ohio State Univ., Columbus. Mershon Center.
1250 Chambers Rd.
Columbus, OH 43212
Structure and Performance of Programs of Child Abuse and Neglect.
Nagi, S. Z.
Jul 74-continuing
Office of Child Development (DHEW), Washington, D.C.

CR-00120
San Francisco General Hospital, Calif. Dept. of Pediatrics.
1001 Potrero
San Francisco, CA 94110
Sexual Abuse of Children.
Pascoe, D. J.; Glasser, M.
Mar 77-Mar 78
San Francisco General Hospital, Calif.; San Francisco City Dept. of Health, Calif.; Queen's Bench Foundation, San Francisco, Calif.

CR-00121
California Univ., Los Angeles. Neuro-psychiatric Inst.
760 Westwood Plaza
Los Angeles, CA 90024
University of California at Los Angeles (UCLA) Child Trauma Intervention Project.
Paulson, M. J.
Jan 70-Jun 80
Health Resources Administration (DHEW), Bethesda, Md.

CR-00122
New Jersey State Div. of Youth and Family Services, Trenton. Bureau of Research, Planning, and Program Development.
1 S. Montgomery St.
Trenton, NJ 08625
Parent Interview Study of Child Abuse and Neglect Cases.
Pelton, L. H.
Sep 75-continuing.
New Jersey State Div. of Youth and Family Services, Trenton.

CR-00131
National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.
1001 Jasmine St.
Denver, CO 802[illegible]0
Circle House Therapeutic Playschool for Abused Children.
Rodeheffer, M. A.; Mirandy, J. A.; Cone, S.
Dec 74-Dec 78
National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.; Commonwealth Fund, New York, N.Y.

CR-00132
North Carolina Univ., Chapel Hill. Dept. of Maternal and Child Health.
Chapel Hill, NC 27514
Hospital and Home Support for Maternal Attachment.
Saunders, M.; Schaefer, E. S.; Bauman, K. E.; Siegel, E.; Ingram, D. D.
Jun 75-May 78
National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

CR-00142
Maryland Univ., Baltimore County. Dept. of Psychology.
Baltimore, MD 21228
Child Abuse: A Controlled Study of Social, Familial, Individual, and Interactional Factors.
Starr, R. H., Jr.
Jun 75-Mar 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00143
British Columbia Univ., Vancouver. Div. of Child Psychiatry.
Vancouver, B.C. V6T 1W5, Canada
Project Toddler: Early Intervention With High-Risk Children and Their Families.
Stephenson, S. P.
Apr 72-78
Department of National Health and Welfare, Ottawa (Ontario).

CR-00144
Texas State Dept. of Public Welfare, Austin. Special Projects Bureau.
John H Reagan Bldg.
Austin, TX 78701
Project Care: Child Advocacy Resources Expansion.
Stern, J.; Marley, M.
Jul 75-78
Office of Child Development (DHEW), Washington, D.C.

CR-00145
New Hampshire Univ., Durham. Dept. of Sociology.
Durham, NH 03824
Physical Violence in American Families.
Straus, M. A.; Gelles, R. J.; Steinmetz, S. K.
Jul 75-Sep 78
National Inst. of Mental Health (DHEW), Bethesda, Md.

CR-00149
Oregon Univ., Portland. Rosenfeld Center for the Study and Treatment of Child Abuse.
3181 SW Sam Jackson Park Rd.
Portland, OR 97201
Fractured Femur Study.
Tufts, E.
Dec 75-continuing

CR-00150
Oregon Univ., Portland. Rosenfeld Center for the Study and Treatment of Child Abuse.
3181 SW Sam Jackson Park Rd.
Portland, OR 97201
Failure to Thrive.
Tufts, E.
Jun 75-Jun 80

CR-00155
New Mexico Univ., Albuquerque. Office of the Medical Investigator.
Albuquerque, NM 87131
Routine Mortality Case Finding, Statewide.
Weston, J. T.
Jul 73-continuing
New Mexico Univ., Albuquerque. School of Medicine.

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